



Office of
Mental Health

PSYCKES Primer for Emergency Department Staff

OMH Office of Population Health & Evaluation
OMH Office of Hospital Care and Community Transitions

APRIL 2026

Q&A via WebEx

- All phone lines are muted
- Access “Q&A” box in WebEx menu at the right of your screen; if you expanded the view of the webinar to full screen, hover cursor top center of screen to see menu
- Type questions using the “Q&A” feature
 - Submit to “All Panelists” (default)
 - Please do not use Chat function for Q&A
- Today’s training will be recorded, and the recording, slides, and additional training materials will be available shortly after the presentation

Agenda

- Why Now? Why PSYCKES?
- PSYCKES Overview
- Logging In
- Access to Patient-Level Data
- Review Patient-Level Details within the Clinical Summary
- Training & Technical Support
- Appendix
 - Obtaining/Activating Tokens, Withdrawing Consent, PSYCKES Mobile App

Why Now?
Why PSYCKES?

Why Now?

New NYS DOH regulations related to individuals presenting to emergency departments with behavioral health concerns

(in effect 1/8/25)

For all Emergency Departments:

- A review of records is required, including checking PSYCKES
- Screening to determine whether a patient has complex needs

For Emergency Departments in hospitals with psychiatric inpatient unit/s (§9.39 Hospitals):

- Coordinate discharge planning with care managers (for patients in care management programs)
- Schedule and confirm an appointment for psychiatric aftercare within 7 calendar days following discharge
- Send a discharge summary to the aftercare provider(s)

Why PSYCKES?

PSYCKES can help hospitals with new regulations

- Supports patient record review - Integrates all information available statewide
- Flags individuals with Complex Needs
- Identifies any existing care management program and contact information
- Identifies previous providers and level of engagement in care
- Supports secure real time sharing of Discharge Summary and other documents such as Psychiatric Advance Directive Plans, Suicide Prevention Plans

79% of NYS hospitals already have PSYCKES access

- 2,725 Emergency Department/CPEP staff users
- 4,145 Psychiatric Inpatient staff users

PSYCKES Overview

What is PSYCKES?

- A secure web-based application that integrates multiple data sources to support population health, quality improvement, care coordination, clinical decision-making
- Data Sources: Integrates over 10 different health-related data sources including
 - Medicaid claims
 - Medicaid data tells us what was paid for, not the associated clinical documentation. We can tell the patient had this x-ray or those labs or that outpatient visit, but we do not have the results.
 - 10+ other databases
 - EMR data from State Psychiatric Centers
 - NYC data: Rikers, Department of Homeless Services, DOHMH data, etc.
 - State OMH data: AOT (involuntary outpatient commitment), suicide incidents, CAIRS data on high intensity outpatient and residential mental health services, etc.
 - Provider and patient entered: Advance Directives, Safety Plans, Rating scales (e.g. CSSRS, PHQ-9), etc.
- Over 12 million patients viewable in PSYCKES - individuals with any history of:
 - Medicaid funded behavioral health diagnosis or treatment, or
 - State Psychiatric Center inpatient or outpatient services, or
 - Health Home outreach or enrollment

Brief Clinical Summary:

Patient identifying information in header

Care Coordination
Care management & residential contacts

Notifications
Complex Needs and criteria met

Outpatient Providers
Behavioral and general medical providers in past year

Recipient Search

Smith, John

As of 3/24/2025

Data sources

PDF

Brief Overview

Full Summary

Data with Special Protection ⓘ Show Hide

This report contains all available clinical data.

DOB: 8/25/1987 (38 Yrs)

Medicaid ID: XXXXXXXX

Medicare: No

HARP Status: Not HARP Eligible (Current Medicaid Enrollees , excluding H1-H9)

Address: 123 Main Street
New York, NY 10001

Managed Care Plan: HealthPlus (LTC Partial Cap)

HARP HCBS Assessment Status: N/A

MC Plan Assigned PCP : N/A

Medicaid Eligibility Expires on:

Current Care Coordination

Health Home (Enrolled) SRH CHN LEAD HEALTH HOME LLC (Begin Date: 01-SEP-22) • Status : Active
Member Referral Number: 1-888-980-8410, Skywardhealth@skywardhealth.org
Care Management (Enrolled): ESSEN MEDICAL ASSOCIATES PC

Notifications

Complex Needs due to 3+ Inpt MH < 13 months

Alerts • all available

Most Recent

2 Treatment for Suicidal Ideation (2 Inpatient, 1 ER) 1/12/2025 BROOKDALE HSP MED CTR (Inpatient - MH)

Active Quality Flags • as of monthly QI report 2/1/2025

Diagnoses Past Year

High Mental Health Need

3+ Inpt MH < 13 months • HH+ Eligibility

Mental Health Placement Consideration

1 or more inpatient MH stays in past 5 years • Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years

MH Performance Tracking Measure (as of 08/01/2024)

No Follow Up After MH ED Visit - 7 Days

Behavioral Health (5)

5 Most Recent: Schizophrenia • Unspecified/Other Bipolar • Unspecified/Other Psychotic Disorders • Breathing Related Sleep Disorder • Intellectual Disabilities ...

5 Most Frequent (# of services): Schizophrenia(76) • Breathing Related Sleep Disorder(13) • Unspecified/Other Bipolar(12) • Unspecified/Other Psychotic Disorders(2) • Intellectual Disabilities(1) ...

Medical (38)

5 Most Recent: Abnormal involuntary movements • Sleep disorders • Personal risk factors, not elsewhere classified • Body mass index [BMI] • Overweight and obesity ...

5 Most Frequent (# of services): Abnormal involuntary movements(226) • Other and unspecified polyneuropathies(17) • Overweight and obesity(14)

Medications Past Year

Last Pick Up

Benzotropine Mesylate (Benzotropine Mesylate) • Antiparkinson Anticholinergics 3/12/2025 Dose: 2 MG, 2/day • Quantity: 60

Haloperidol (Haloperidol) • Antipsychotic 3/12/2025 Dose: 10 MG, 2/day • Quantity: 60

Hydroxyzine Hcl (Hydroxyzine Hcl) • Anxiolytic/Hypnotic 3/12/2025 Dose: 50 MG, 1/day • Quantity: 30

Outpatient Providers Past Year

Last Service Date & Type

BROOKDALE HSP MED CTR 2/10/2025 Clinic - MH Specialty

KOYODA SAI KRISHNA 12/20/2024 Physician - Internal Medicine (Telehealth)

SHAKESPEARE OPERATING LLC 11/25/2024 Clinic - Medical Specialty (Telehealth)

JAMAICA HOSPITAL MED CTR 11/22/2024 Clinic - Medical Specialty

KULSUM UMMA 11/22/2024 Physician - Internal Medicine

KESI ER ANDREY OD 11/7/2024 Eye Care Practitioner

All Hospital and Crisis Utilization • 5 Years

ER Visits # Providers Last ER Visit

4 Mental Health 2 1/31/2025 at BROOKDALE HSP MED CTR

Inpatient Admissions # Providers Last Inpatient Admission

4 Mental Health 1 2/1/2025 at BROOKDALE HSP MED CTR

Crisis Services # Providers Last Crisis Service

No Medicaid claims for this data type in the past 5 years

Diagnoses Past Year:
5 Most Recent and
5 Most frequent by type
(Behavioral, Medical)

Hospital ER & Inpatient Services past 5 years:
Number of visits by type
(ER and IP Mental Health,
Substance Use, Medical)

How Hospital Staff Get PSYCKES Access

Overview - How Hospital Staff Get PSYCKES Access

- Hospital obtains PSYCKES access and registers hospital Security Managers
 - As of December 2025, 80% of hospitals in NYS already PSYCKES access and registered Security Managers – we expect all hospitals to have access by the end of the year
- Hospital Security Manager/s grant PSYCKES access to hospital staff
 - Ask your supervisor or administrator who your hospital's security manager(s) – OR –
 - Contact PSYCKES-Help (PSYCKES-Help@omh.ny.gov) to find out your agency's Security Manager
- Staff obtain and activate a token
 - See Appendix
- Staff log in to PSYCKES for the first time

Logging In

How to Log in to PSYCKES - PSYCKES Homepage

- Go to PSYCKES homepage: www.psyckes.org
- Click “Login to PSYCKES”

The screenshot shows the PSYCKES Home homepage. On the left is a vertical navigation menu with the following items: Login to PSYCKES, Login Instructions, About PSYCKES, PSYCKES Training Materials, PSYCKES Training Webinars, Quality Indicators, Implementing PSYCKES, Quality Improvement Collaboratives, MyCHOIS, and Contact Us. The main content area has the heading 'PSYCKES Home' and a description: 'PSYCKES is a HIPAA-compliant web-based application designed to support clinical decision making, care coordination, and quality improvement in New York State.' Below this is a large dark blue button labeled 'LOGIN TO PSYCKES', which is highlighted by a blue arrow. Under the 'What's New?' section, there are two bullet points: one about the 'PSYCKES new features release 8.1.0' which went live on July 30, 2024, listing various updates like the 'High Fidelity Wraparound' flag and 'High Mental Health Need' flag; and another about 'Login Instructions' for the Self-Service Console.

Login to PSYCKES

PSYCKES Home

PSYCKES is a HIPAA-compliant web-based application designed to support clinical decision making, care coordination, and quality improvement in New York State.

LOGIN TO PSYCKES

What's New?

- **PSYCKES new features release 8.1.0** went live on July 30, 2024. Updates include:
 - New “High Fidelity Wraparound – Likely Eligible” Flag
 - Updates to “High Mental Health Need” Flag
 - Race & Ethnicity Column Added to Recipient Search Results
 - Crisis Services Section Added to the Clinical Summary
 - E-sign Consent Added to Usage Reports
 - Update Health Home Consent Logic to include CCOs
 - HARP Flag Update for H1 Codes
 - NYC Region Broken Out into 5 Counties in Statewide Reports
 - Events/Episode-based Quality Flags
 - iOS Mobile App Release 8.1 Enhancements
- Instructions for how to use the Self-Service Console are available on our [Login Instructions](#) page. The console is a way to manage your RSA token and PIN, which are needed to login to PSYCKES. If you ever need to reset your own PIN or request, activate, or troubleshoot a token, the console is the place to go!

Comments or questions about the information on this page, including accessibility issues, can be directed to the [PSYCKES Team](#).

How to Login to PSYCKES – Sign-in Selection

Sign-in Selection

The resource you are accessing requires you to authenticate. Please select how you would like to authenticate.

OMH Providers
(State Employees)

Sign-in with OMH account

External/Local Provider
(Non-State Employees)

Sign-in with NY.gov account

Login as “External/
Local Provider”

How to Login to PSYCKES – Mobile Token

Enter your assigned
PSYCKES user ID

The resource you are accessing requires you to authenticate using your RSA SecurID token.

Enter your username and token passcode.

Username

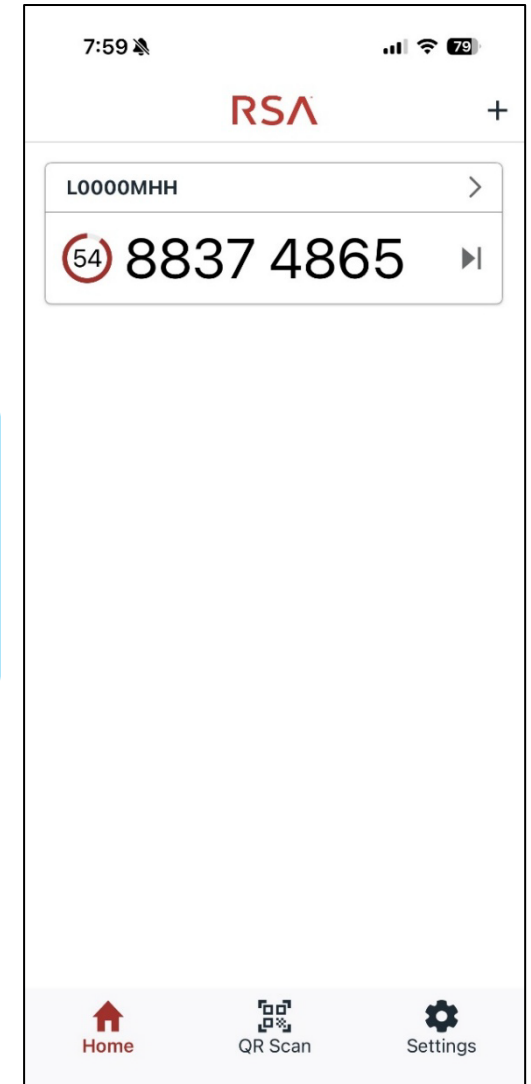
L0000MHH

Passcode

.....

Sign In

Enter PIN into RSA
token to generate
8-digit passcode
and enter in
passcode field on
screen



Medicaid Confidentiality Disclosure

- Click “Agree” to abide by standards and continue login

**NEW YORK**
STATE OF
OPPORTUNITY

**Office of
Mental Health**

PSYCKES

Please Note: Medicaid recipient level data is confidential and is protected by State and Federal laws and regulations. It can be used only for purposes directly connected to the administration of the Medicaid program. You are required to read, understand and comply with these regulations. There are significant State, Civil and Federal criminal penalties for violations.

Please follow your agency's protocols for handling and transmitting PHI and other information protected by the Health Insurance Portability and Accountability Act (HIPAA).

FEDERAL MEDICAID CONFIDENTIALITY STANDARDS:

The Federal Medicaid confidential data standard is established by §1902(a)(7) of the Social Security Act (42 USC §1396a(a)(7)). The law requires that a “State plan for medical assistance must: (7) provide safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.” This statutory requirement is implemented in regulations at 42 CFR §431.300 et seq.. 42 CFR §431.302 defines Medicaid program administration to include:

(A) Establishing Eligibility;
(B) Determining the amount of Medical Assistance;
(C) Providing services for recipients; and
(D) Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan.

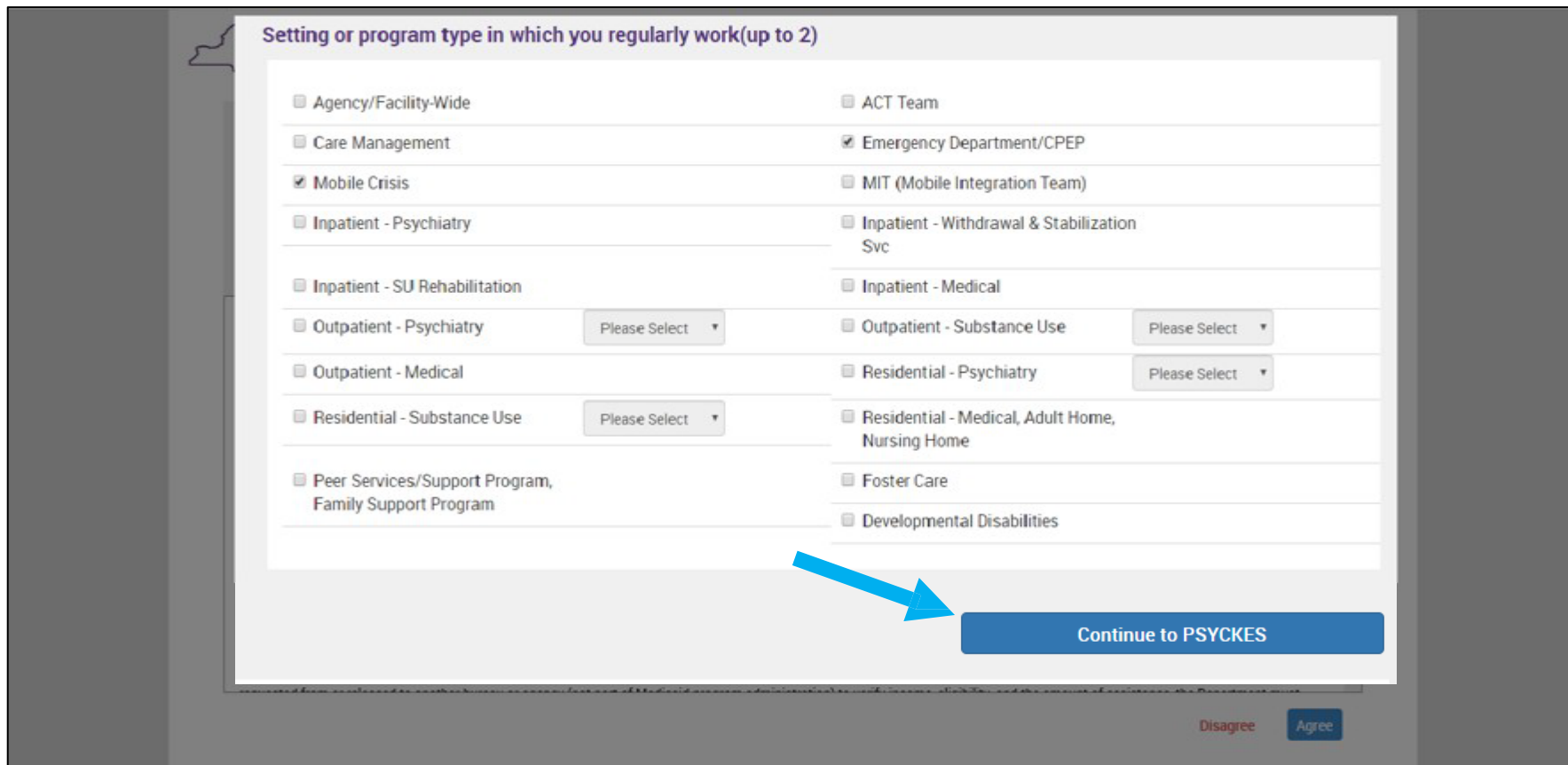
42 C.F.R. §431.306 requires the single state agency to have criteria specifying the conditions for release and use of information about applicants and recipients. The information for which the agency must have criteria to safeguard must include: (1) names and addresses; (2) medical services provided; (3) social and economic conditions; (4) agency evaluation of personal information; (5) medical data, including diagnosis and past history of disease or disability; and (6) any information received for verifying income eligibility and amount of medical assistance payments, of which information received from the Internal Revenue Service (IRS) or Social Security Administration (SSA) must be safeguarded pursuant to the requirements of those agencies.

These criteria apply to all requests for information from outside sources, including governmental bodies, the courts, or law enforcement officials. Access to information concerning applicants or recipients must be restricted to persons or agency representatives who are subject to standards of confidentiality that are comparable to those of the agency. The agency is prohibited from publishing names of applicants or recipients. Furthermore, whenever possible, the agency must obtain permission from the individual or his family before responding to a request for information from an outside source, unless the information is to be used to verify income, eligibility and the amount of medical assistance payments. Before information is requested from or released to another bureau or agency (not part of Medicaid program administration) to verify income, eligibility, and the amount of assistance, the Department must

Disagree Agree

User Role Survey

- For the very first time that you log into PSYCKES, you will be prompted to take a brief survey that asks about your role in the hospital where you work, including the primary work setting and program type



The screenshot shows a web-based survey form titled "Setting or program type in which you regularly work(up to 2)". The form is divided into two columns of checkboxes. The left column includes: Agency/Facility-Wide, Care Management, Mobile Crisis (checked), Inpatient - Psychiatry, Inpatient - SU Rehabilitation, Outpatient - Psychiatry (with a "Please Select" dropdown), Outpatient - Medical, Residential - Substance Use (with a "Please Select" dropdown), and Peer Services/Support Program, Family Support Program. The right column includes: ACT Team, Emergency Department/CPEP (checked), MIT (Mobile Integration Team), Inpatient - Withdrawal & Stabilization Svc, Inpatient - Medical, Outpatient - Substance Use (with a "Please Select" dropdown), Residential - Psychiatry (with a "Please Select" dropdown), Residential - Medical, Adult Home, Nursing Home, Foster Care, and Developmental Disabilities. A blue arrow points from the bottom of the form to a blue button labeled "Continue to PSYCKES". At the bottom right of the form, there are "Disagree" and "Agree" buttons.

Setting or program type in which you regularly work(up to 2)

☐ Agency/Facility-Wide	☐ ACT Team
☐ Care Management	☒ Emergency Department/CPEP
☒ Mobile Crisis	☐ MIT (Mobile Integration Team)
☐ Inpatient - Psychiatry	☐ Inpatient - Withdrawal & Stabilization Svc
☐ Inpatient - SU Rehabilitation	☐ Inpatient - Medical
☐ Outpatient - Psychiatry Please Select ▼	☐ Outpatient - Substance Use Please Select ▼
☐ Outpatient - Medical	☐ Residential - Psychiatry Please Select ▼
☐ Residential - Substance Use Please Select ▼	☐ Residential - Medical, Adult Home, Nursing Home
☐ Peer Services/Support Program, Family Support Program	☐ Foster Care
	☐ Developmental Disabilities

[Continue to PSYCKES](#)

[Disagree](#) [Agree](#)

Access to Patient-Level Data

Patient Linkage to Hospital

- **Automatically:**

- Patient had a billed service anywhere in organization/hospital within the past 9 months

- **Manually:**

- Provider attests to one of the following:
 - Patient signed PSYCKES consent, DOH Health Home Patient Information Sharing consent, BHCC consent
 - Verbal consent
 - Clinical emergency
 - Patient is currently being served by/transferred to your hospital

Levels of Access to Patient Data

- **Signed Consent (PSYCKES, BHCC, DOH Health Home/CCO)**
 - Allows access to all available data (including data with special protections such as SUD, HIV, family planning, genetic testing), for 3 years after the last billed service
- **Verbal Consent**
 - Allows access to limited data (excluding data with special protections) for 9 months
- **Clinical Emergency**
 - Allows access to all available data (including data with special protections) for 72 hours
 - The vast majority of emergency department presentations are clinical emergencies. However, obtaining signed consent is good practice and will be greatly appreciated by your colleagues on inpatient units
- **Attestation of service** *(Patient currently being served by/transferred to your agency)*
 - This will link client to your agency for Recipient Search reports but will not provide access to the Clinical Summary

PSYCKES Consent Details

- PSYCKES consent includes:
 - Brief overview of the PSYCKES application
 - Types of information providers can see if a patient grants them consent
 - Place to indicate if consent is given or denied
 - Space for patient's name, date of birth, Medicaid ID, and their signature to confirm their choice

NEW YORK OFFICE OF MENTAL HEALTH PSYCKES **Consent Form**

ABC Hospital
Provider/Facility Name

About PSYCKES
The New York State (NYS) Office of Mental Health maintains the Psychiatric Services and Clinical Enhancement System (PSYCKES). This online database stores some of your medical history and other information about your health. It can help your health providers deliver the right care when you need it.
The information in PSYCKES comes from your medical records, the NYS Medicaid database and other sources. Go to www.psyckes.org, and click on **About PSYCKES**, to learn more about the program and where your data comes from.
This data includes:
• Your name, date of birth, address and other information that identifies you;
• Your health services paid for by Medicaid;

What You Need to Do
Your information is confidential, meaning others need permission to see it. Complete this form now or at any time if you want to give or deny your providers access to your records. What you choose will not affect your right to medical care or health insurance coverage.
Please read the back of this page carefully before checking one of the boxes below.
Choose:
• "I GIVE CONSENT" if you want this provider, and their staff involved in your care, to see your PSYCKES information.
• "I DON'T GIVE CONSENT" if you don't want them to see it.
If you don't give consent, there are some times when this provider may be able to see your health information in PSYCKES — or get it from another source.

JOHN DOE
Print Name of Patient

1/1/1800
Patient's Date of Birth

ABCDE1234
Patient's Medicaid ID Number

John Doe
Signature of Patient or Patient's Legal Representative

1/1/2021
Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative Patient (if applicable)

¹ Laws and regulations include NY Mental Hygiene Law Section 20.13, NY Public Health Law Article 27-F, and federal confidentiality rules, including 42 CFR Part 2 and 46 CFR Parts 100 and 104 (also referred to as "HIPAA").

Page 1 of 2

Accessing the pre-populated PSYCKES Consent form

- Log in to PSYCKES, navigate to Registrar tab > Manage PHI Access sub-tab
- In the Enable PHI Access section, PDFs of the prepopulated PSYCKES consent form with hospital-specific contact information can be printed out in both English and Spanish
- Other language translations can be found on our public website, but will not be prefilled
- Hospitals can recreate the PSYCKES consent in their EMRs if they copy the language verbatim

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports Dashboards ▾

Manage PHI Access

Enable PHI Access Print PSYCKES Consent form: [English](#) [Spanish](#) [Other languages](#)

Enable access to client's Clinical Summary by attesting to one or more of the following:

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- Client gave Verbal PSYCKES Consent
- Client data is needed due to clinical emergency

[Search & Enable Access >](#)

Provider Details for Consent form

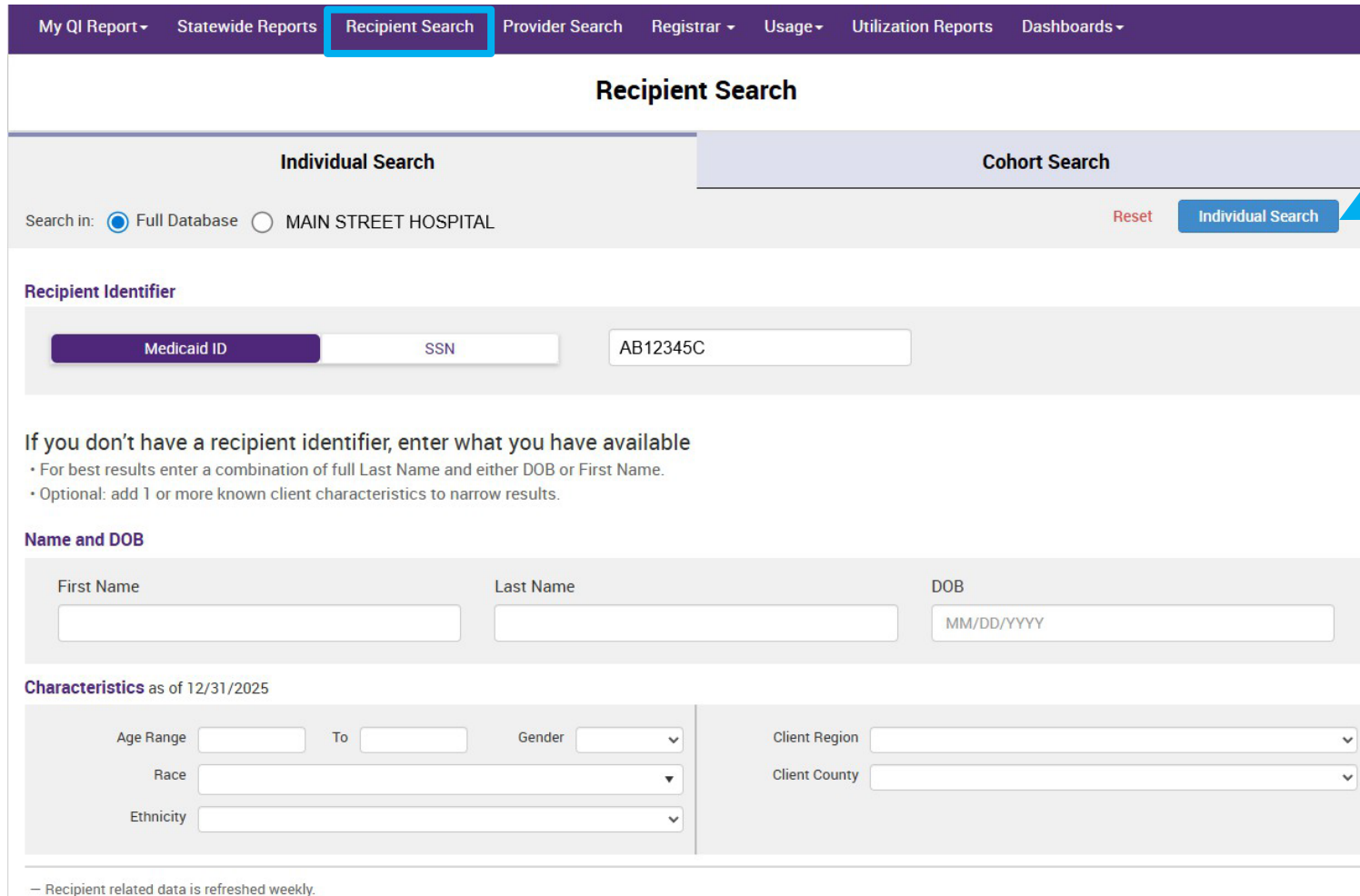
Use this function to add/edit name(s) and phone number(s) displayed in the consent form before printing.

[Add/Edit Details >](#)

Staff should follow their hospital's protocols on how to access consent forms (e.g., including PSYCKES consent alongside other registration/intake forms, paper/electronic formats, etc.)

Step 1: Search for individual patient in Recipient Search

- To search or enable access to patient data, users follow these steps:
- Step 1: Enter one or more recipient identifier(s) and click “Search”



The screenshot shows the 'Recipient Search' interface. At the top, a navigation bar includes 'My QI Report', 'Statewide Reports', 'Recipient Search' (highlighted with a red box), 'Provider Search', 'Registrar', 'Usage', 'Utilization Reports', and 'Dashboards'. Below this, the 'Recipient Search' section has two tabs: 'Individual Search' (active) and 'Cohort Search'. Under the 'Individual Search' tab, there are radio buttons for 'Search in: Full Database' (selected) and 'MAIN STREET HOSPITAL'. A red 'Reset' link and a blue 'Individual Search' button (pointed to by a red arrow) are located to the right. Below this is the 'Recipient Identifier' section with a purple 'Medicaid ID' button, an 'SSN' label, and a text input field containing 'AB12345C'. A message states: 'If you don't have a recipient identifier, enter what you have available' with two bullet points: '• For best results enter a combination of full Last Name and either DOB or First Name.' and '• Optional: add 1 or more known client characteristics to narrow results.' The 'Name and DOB' section contains three input fields: 'First Name', 'Last Name', and 'DOB' (with a placeholder 'MM/DD/YYYY'). The 'Characteristics as of 12/31/2025' section includes dropdowns for 'Age Range', 'Race', 'Ethnicity', 'Gender', 'Client Region', and 'Client County'. A footer note states: '— Recipient related data is refreshed weekly.'

Step 2: Confirm patient match and select "Enable Access"

- Confirm that the search identifies the correct patient, check their Planning Considerations for Complex Needs, and see if your hospital already has access to patient's data or if access needs to be enabled.
- Note: If there's no match this may be because there is no report for this individual, or because insufficient or incorrect information was entered. Select "Modify Search" to re-enter data.

[My QI Report](#) [Statewide Reports](#) [Recipient Search](#) [Provider Search](#) [Registrar](#) [Usage](#) [Utilization Reports](#) [Dashboards](#)

[← Modify Search](#) **1 Recipients Found** [PDF](#) [Excel](#)

Medicaid ID AB12345C

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name (Gender - Age), DOB	Unique Identifiers	Race & Ethnicity	Address	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
DOE JANE (F - 42), 1/02/1984	Medicaid ID: AB12345C	White	123 MAIN STREET MAIN CITY, NY 12345	Fidelis Care New York	10+ ER, 10+ ER-MH, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2AP, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, 4PP(A), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No DM Monitoring - DM & Schiz (DOH), No Engage after MH IP, No Gluc/HbA1c & LDL-C - AP, No ICM after MH ED, No LDL-C - AP	Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need, OPWDD Services Eligible (RE95) Documents: Care Plans (11/03/2025), Discharge Plan (11/03/2025), Psychiatric Advance Directive (02/01/2024)	No Access Enable Access

Step 3: Select the appropriate level of access and click “Next”

- If you'd like to learn more about what each access level entails, click the “About Access Levels” link

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports Adult Home Dashboards ▾

PDF Excel

Maximum Number of Rows Displayed: 50

Managed n Current PHI Access

New No Access Enable Access 🔒

PHI Access for DOE, JANE (F - 42)

Select the level of access

[About access levels](#)

The client signed consent

☒ Client signed a PSYCKES Consent

☐ Client signed a BHCC Patient Information Sharing Consent

☐ Client signed a DOH Health Home Patient Information Sharing Consent

Provider attests to other reason for access

☐ Client gave Verbal PSYCKES Consent

☐ This is a clinical emergency

Provider attests to serving the client

Will link client to your agency, but will not provide access to clinical summary

☐ Client is currently served by or being transferred to my agency

Cancel Next

Step 4 & 5: Confirm Identity and Enable Access

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports Adult Home Dashboards ▾

PDF Excel

Maximum Number of Rows Displayed: 50

Managed n Current PHI Access

New No Access Enable Access 🔒

Medicaid ID

Review recipients in results carefully

Name (Gender - Age) Unique Identifiers

DOE JANE F - 60 Medicaid ID: AB12

PHI Access for DOE, JANE (F - 42)

Confirm this is the correct individual before enabling

Unique Identifiers: Medicaid ID: AB12345C
Date Of Birth: 01/01/1964
Address: 123 MAIN STREET, MAIN CITY, NY 12345

How do you know this is the correct person?

☒ Provider attests to client identity

☐ Client provided 1 photo ID or 2 forms of non-photo ID

Identification 1

Identification 2

MAIN STREET HOSPITAL will be given access to all available data for 3 years (renews automatically with billed service).

[Previous](#) [Cancel](#) [Enable](#) [Enable and View Clinical Summary](#)

PHI Access Enabled

- You'll now see the updated access level reflected in the "Current PHI Access" column

My QI Report ▾Statewide ReportsRecipient SearchProvider SearchRegistrar ▾Usage ▾Utilization ReportsDashboards ▾

← Modify Search

1 Recipients Found

PDF

Excel

Medicaid IDAB12345C

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name (Gender - Age), DOB	Unique Identifiers	Race & Ethnicity	Address	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
DOE JANE (F - 42), 1/02/1984	Medicaid ID: AB12345C	White	123 MAIN STREET MAIN CITY, NY 12345	Fidelis Care New York	10+ ER, 10+ ER-MH, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2AP, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, 4PP(A), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No DM Monitoring - DM & Schiz (DOH), No Engage after MH IP, No Gluc/HbA1c & LDL-C - AP, No ICM after MH ED, No LDL-C - AP	Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need, OPWDD Services Eligible (RE95) Documents: Care Plans (11/03/2025), Discharge Plan (11/03/2025), Psychiatric Advance Directive (02/01/2024)	PSYCKES Consent Update Access

Breaking the Glass in Clinical Emergencies

Criteria and Protocols for Clinical Emergencies

- If a patient refuses or is unable to consent and is having a clinical emergency, the provider is permitted to obtain a PSYCKES clinical summary without consent (i.e., "breaking the glass.")
- A clinical emergency is defined as a medical or behavioral condition for which there is an immediate need for treatments, and symptoms are of sufficient severity that the absence of immediate treatment would likely result in serious harm to self or others
- Criteria for "breaking the glass" may include (but not limited to):
 - Threats of or attempts at suicide or serious bodily harm or other conduct demonstrating danger to themselves
 - Homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm
 - Inability or refusal, due to mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter
 - Overdose, sedation, altered mental status, catatonia, or otherwise non-responsive
- Providers are responsible for ensuring that the medical record supports emergency access by documenting why/how the client meets criteria for a clinical emergency and attesting with their signature, date, and time stamp

Clinical Summary

What is a PSYCKES Clinical Summary?

- Summarizes up to 5 years of treatment history for a client
- Creates an integrated view from all databases available through PSYCKES
- Summarizes treatment episodes to support rapid review
- Episodes of care linked to detailed dates of service if needed (including diagnosis and procedures)
- Clinical Summary helps providers to:
 - Identify patients with Complex Needs
 - Identify patients that have a pattern of ER visits but are not engaged in care
 - Form a differential diagnosis by clarifying history of patient care/services
 - Obtain contact information to coordinate care/referrals

Complex Needs Criteria

- General Criteria (All Ages)

- AOT active or expired in the past year
- ACT enrolled or discharged in the past year
- Intensive Mobile Treatment in the past year with MH diagnosis
- HH+ service in the past year with MH diagnosis
- 3+ Inpt MH < 13 months
- 4+ ER MH < 13 months
- 3+ inpatient medical visits in past 13 months and have schizophrenia or bipolar
- Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH
- State PC Inpatient Discharge < 12 months
- CNYPC Release < 12 months
- Homeless in past 6 months + SMI
- Suicide attempt: Any history
- Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year
- Opioid overdose in the past year

- Additional Eligibility Criteria for Children & Adolescents (0-20 years)

- Currently or in the past year had K3 Serious Emotional Disturbance
- Currently or in the past year received one or more of these services
 - Psychiatric Inpatient
 - Residential Treatment Facility
 - Children's Community Residence
 - Residential SUD Treatment
 - Youth ACT
 - Day Treatment
 - Partial Hospitalization
 - Home Based Crisis Intervention
 - Mobile Integration Team (MIT)
- Currently or in the past year received two or more crisis services
- Currently or in past year attributed to Foster Care

QUnWQVJBREyi QUvUSEzOWQ U6

As of 12/11/2024 [Data sources](#)



[← Recipient Search](#)

Brief Overview

Full Summary

Data with Special Protection ☒ Show ☐ Hide
This report contains all available clinical data.

DOB: XX/XX/XXXX (XX Yrs)

Medicaid ID: RaInMpQtMrM

Medicare: No

HARP Status: HARP Enrolled (H1)

Address: MTIq TVVSUaFZ UrQ QVBU OQ, QabORq7BTVRPT6, Tba, MTMvMDU

Managed Care Plan: Fidelis Care New York (HARP)

HARP HCBS Assessment Status: Never Assessed

MC Plan Assigned PCP : N/A

Medicaid Eligibility Expires on: 3/31/2025

Current Care Coordination

Health Home (Enrolled) ONONDAGA CASE MGMT SVCS MH (Begin Date: 01-OCT-24) • Status : Pended
Member Referral Number: 1-855-613-7659; referrals@hhuny.org
Care Management (Enrolled): ADDICTION CTR OF BROOME CNTY

Notifications

Complex Needs due to HH+ Eligibility , Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH , 4+ER MH < 13 months,

Health Home Plus Eligibility This client is eligible for Health Home Plus due to: 4+ ER MH < 13 months, Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH

Alerts • all available

Most Recent

- | | | | |
|---|--|-----------|---------------------------------------|
| 9 | Treatment for Suicidal Ideation (2 Inpatient, 7 ER, 1 Other) | 1/5/2022 | ST JOHNS EPISCOPAL HOSPITAL (ER - MH) |
| 1 | C-SSRS (Suicide Screen) (1 C-SSRS) | 9/14/2020 | Administered in PSYCKES mobile app |

Social Determinants of Health (SDOH) Past Year - reported in billing

Problems related to education and literacy Less than a high school diploma

Problems related to housing and economic circumstances Homelessness unspecified • Unsheltered homelessness • Food insecurity • Problem related to housing and economic circumstances, unspecified • Transportation insecurity

Active Quality Flags • as of monthly QI report 11/1/2024

General Medical Performance Tracking Measure (as of 04/01/2024)
Overdue for Breast Cancer Screening

High Utilization - Inpt/ER

2+ Inpatient - BH • 2+ Inpatient - MH

Diagnoses Past Year

Behavioral Health (5) 5 Most Recent: Other psychoactive substance related disorders • Schizoaffective Disorder • Tobacco related disorder • Cocaine related disorders • Cannabis related disorders ...

5 Most Frequent (# of services): Cocaine related disorders(30) • Other psychoactive substance related disorders(20) • Schizoaffective Disorder(12) • Cannabis related disorders(6) • Tobacco related disorder(2)

Medications Past Year

Last Pick Up

Bupropion Hcl (Bupropion Hcl Er (XI)) • Antidepressant

11/4/2024 Dose: 300 MG, 1/day • Quantity: 30

Nicotine (Nicotine) • Withdrawal Management

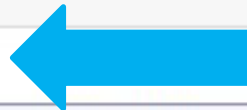
11/4/2024 Dose: 14 MG/24HR, 1/day • Quantity: 14

Atorvastatin Calcium (Atorvastatin Calcium) • HMG CoA Reductase Inhibitors

10/20/2024 Dose: 40 MG, 1/day • Quantity: 30

Outpatient Providers Past Year

Last Service Date & Type



FLUSHING ENDOSCOPY CENTER
LLC

1/10/2025 Clinic - Medical Specialty

SANFORD ENDOSCOPY PLLC

1/7/2025 Physicians Group - Anesthesiology

SANFORD MEDICAL CARE PLLC

6/11/2024 Physicians Group - Internal Medicine

MEDS OOS PHYSICIAN & OTHE

5/28/2024 Urgent Care - Medical Dx

FATIMA PEDIATRIC MEDICAL CARE
P C

4/26/2024 Physicians Group - Family Practice

ELMHURST HOSPITAL CENTER

4/16/2024 Clinic - Medical Specialty

All Hospital and Crisis Utilization • 5 Years

ER Visits

Providers

Last ER Visit

2 Mental Health

2 6/7/2024 at JAMAICA HOSPITAL

3 Medical

3 5/12/2024 at JAMAICA HOSPITAL

Inpatient Admissions

Providers

Last Inpatient Admission

4 Mental Health

2 7/1/2024 at JAMAICA HOSPITAL MED CTR

Crisis Services

Providers

Last Crisis Service

2 Crisis Telephonic

1 7/2/2024 at JAMAICA HOSPITAL

Brief Overview as of 12/11/2024

[View Full Summary](#)

[Export Overview](#)

< Recipient Search

QUFSTqui SEzXQVJE S6

As of 3/18/2025 ⓘ Data sources

PDF EXCEL CCD

☰ Sections

Brief Overview Full Summary

Data with Clinical Protection ☒ Show ☐ Hide
Shows all available clinical data.

Export Clinical Summary
to PDF to upload/print
and place in patient's
record

General

Name QUFSTqui SEzXQVJE S6	Medicaid ID VEUsODMrOV2	Medicare No	HARP Status HARP Enrolled (H1)
DOB XX/XX/XXXX (XX Yrs)	Medicaid Aid Category SAFETY NET W/O DEPRIV	Managed Care Plan Fidelis Care New York (HARP)	HARP HCBS Assessment Status Never Assessed
Address Mp2r RQ QaFZ RFJJVaU, TEzORm QaVBQq6, Tba, MTErN9E	Medicaid Eligibility Expires on	MC Plan Assigned PCP N/A	

Current Care Coordination

Health Home (Enrolled)	COMMUNITY CARE MANAGEMENT PARTNERS (Begin Date: 01-OCT-23) • Status : Active Main Contact Referral : Robert Ward: 646-799-1892, Robert.ward@ccmphealthhome.org Member Referral Number: 888-682-1377; referrals@ccmphealthhome.org Care Management (Enrolled): DIRECT CARE MANAGEMENT LLC
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Notifications

Complex Needs due to HH+ Eligibility , Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH , 4+ ER MH < 13 months

Health Home Plus Eligibility This client is eligible for Health Home Plus due to: 4+ ER MH < 13 months, Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH

Alerts & Social Determinants of Health (SDOH)

Alerts Incidents from NIMRS, Service invoices from Medicaid Details							Table Graph
Alert Type	Number of Events/Meds/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Diagnosis/Meds/Results	
Treatment for Suicidal Ideation	9	9/22/2019	1/5/2022	ST JOHNS EPISCOPAL HOSPITAL	ER - MH	Suicidal Ideation	
C-SSRS (Suicide Screen)	1	9/14/2020	9/14/2020	Administered in PSYCKES mobile app		4 Suicide Attempt(s); Last attempt Between 1-3 years High Risk: Suicidal Behavior in past 3 months	
Social Determinants of Health (SDOH) reported in billing							
Personal risk factors, not elsewhere classified	Other specified personal risk factors, not elsewhere classified						
Problems related to employment and unemployment	Unemployment, unspecified						
Problems related to housing and economic circumstances	Homelessness • Homelessness unspecified						

Quality Flags

Quality Flags as of monthly QI report 2/1/2025 [Definitions](#)



Recent

All (Graph)

All (Table)

Indicator Set	
Health Home Care Management - Adult	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months • Eligible for Health Home Plus - Not Health Home Enrolled
High Mental Health Need	HH+ Eligibility • Intensive Mobile Treatment (IMT) in the past year with MH diagnosis
High Utilization - Inpt/ER	2+ ER - BH • 2+ ER - MH • 2+ Inpatient - BH • 2+ Inpatient - MH • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH
Hospital Outcome Measure Set	No Engagement after MH Inpatient discharge from this Hospital • No Follow Up after MH Inpatient discharge from this Hospital - 30 Days • No Follow Up after MH Inpatient discharge from this Hospital - 7 Days
MH Performance Tracking Measure (as of 08/01/2024)	Low Mood Stabilizer Medication Adherence - Bipolar • No Engagement after MH Inpatient • No Follow Up After MH ED Visit - 30 Days • No Follow Up After MH ED Visit - 7 Days • No Intensive Care Management after MH ED Visit • No Intensive Care Management after MH Inpatient
Mental Health Placement Consideration	1 or more ER visits or inpatient stays in the past year with a suicide attempt/ suicide ideation/ self-harm code • 1 or more inpatient MH stays in past 5 years • Four or more emergency MH visits in past 13 months • Ineffectively Engaged - No Outpatient MH services in past year & two or more inpatient MH stays or three or more emergency MH visits • Intensive Mobile Treatment (IMT) in past 5 years
SUD Performance Tracking Measure (as of 08/01/2024)	No Engagement in SUD Treatment • No Initiation of SUD Treatment
Treatment Engagement	Adherence - Mood Stabilizer (Bipolar)
Vital Signs Dashboard - Adult (as of 08/01/2024)	Clozapine Candidate with 4+ Inpatient/ER - MH • Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • No Follow Up After MH ED Visit - 30 Days • No Follow Up After MH ED Visit - 7 Days • Readmission (30d) from any Hosp: MH to MH

Plans & Documents: View, Upload, or Create

Users can either select a document to view, select 'upload' to add documents, or select 'create new' to use an existing Safety Plan or PAD template

Plans & Documents Upload Create New					
Date Document Created	Document Type	Provider Name	Document Created By	Role	
6/1/2025	Psychiatric Advance Directive	GENERAL HOSPITAL	JOHN DOE	Therapist	
5/1/2025	Safety Plan	ABC MEDICAL CENTER	JANE SMITH	N/A	

 Upload an Existing Plan or Health Document ×

Type of Document *

Safety Plan

Safety Plan

Relapse Prevention Plan

Psychiatric Advance Directive

Care Plans

Discharge Plan

Other

Date Document Created *

Document Created By *

Document Source *

Choose File

Maximum File Size: 10 mb

Supported File Types: pdf, docx, jpg, png

This document will be accessible for the individual client and/or provider agency involved in uploading it. Other provider agencies may view only with client consent or in a clinical emergency.

Cancel

Upload

Create New Plans & Documents ×

Safety Plan

Psychiatric Advance Directive

Close

Diagnoses (Behavioral Health, Medical)

Behavioral Health Diagnoses Primary, secondary, and quality flag-related diagnoses (most frequent first)

Schizoaffective Disorder • Schizophrenia • Tobacco related disorder • Borderline Personality Disorder • Unspecified/Other Bipolar • PTSD • Alcohol related disorders • Cannabis related disorders • Unspecified/Other Psychotic Disorders • Adjustment Disorder • Unspecified/Other Depressive Disorder • Delusional Disorder • Cocaine related disorders • Conduct Disorder • Substance-Induced Psychotic Disorder • Unspecified/Other Anxiety Disorder • Unspecified/Other Personality Disorder • Bipolar I • Intellectual Disabilities • Paranoid Personality Disorder • Major Depressive Disorder • Selective Mutism • Substance-Induced Depressive Disorder • Brief Psychotic Disorder (ICD10 Only) • Other Mental Disorders • Sedative, hypnotic, or anxiolytic related disorders

Medical Diagnoses Primary, secondary, and quality flag-related diagnoses (most frequent first)

Certain infectious and parasitic diseases	Viral infection of unspecified site
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	Other disorders of white blood cells • Other anemias

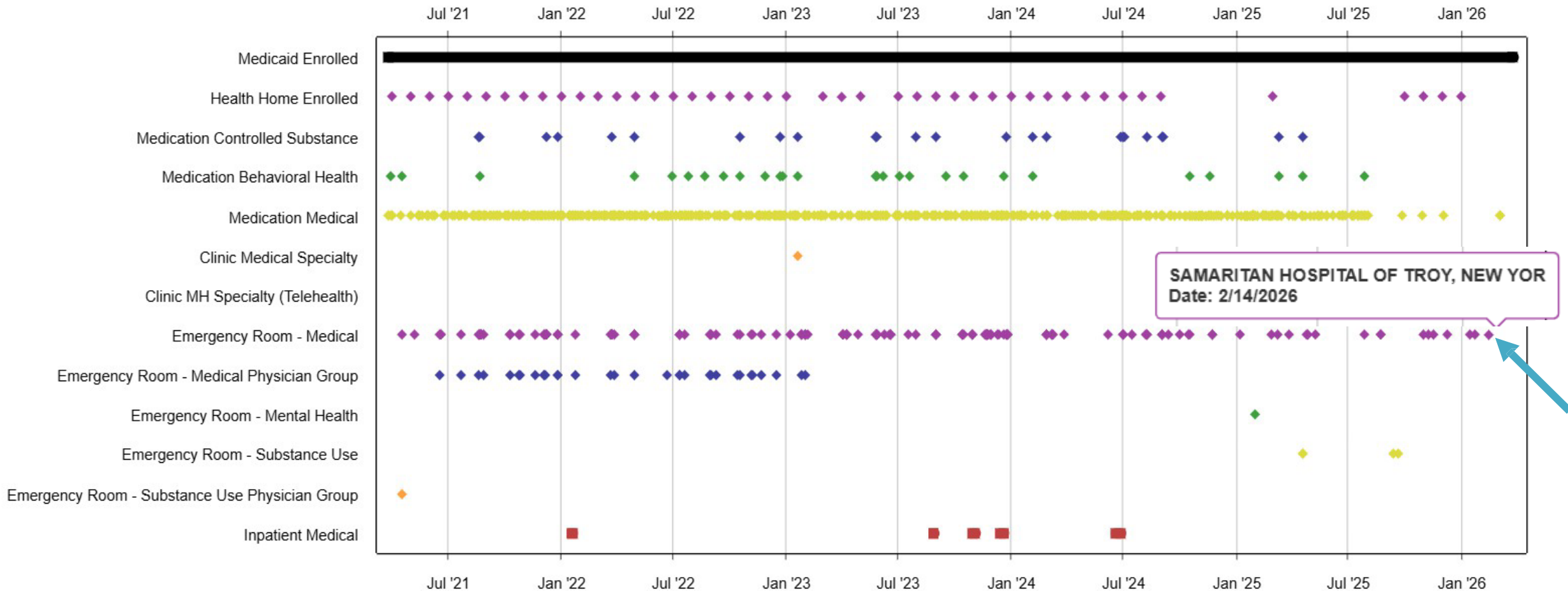
Click on a diagnosis to drill-in and view more details such as date of service, service type & subtype, provider, and other diagnoses

Services provided for the selected Diagnosis: Schizoaffective Disorder					PDF	Excel	×
Previous 1 2 3 4 5 6 7 8 9 10 ... 61 Next							
Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses			
1/6/2025	Inpatient-ER	ER - MH	METROPOLITAN HOSPITAL CENTER	Alcohol abuse with intoxication, unspecified, Cannabis use, unspecified, uncomplicated, Homelessness unspecified, Nicotine dependence, cigarettes, uncomplicated, Other long term (current) drug therapy, Schizoaffective disorder, depressive type, Suicidal ideations			

Integrated View of Services Over Time

Integrated View of Services Over Time

Table Graph



Medications (Controlled Substance, BH, Medical)

Medication: Controlled Substance Details							Table	Graph
Schedule	Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up		
	Anxiolytic/Hypnotic	Midazolam Hydrochloride, Injection	PER 1 MG	4 Year(s) 6 Month(s) 3 week(s) 1 Day(s)	3/19/2021	1/23/2025		
	Anxiolytic/Hypnotic	Lorazepam, Injection	2 MG					
IV	Anxiolytic/Hypnotic	Clonazepam	1 MG , 6/day					
Medication: Behavioral Health Details							Table	Graph
Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up			
Antipsychotic	Paliperidone Palmitate (Invega Sustenna)	234 MG/1.5ML	1 Year(s) 9 Month(s) 2 Day(s)	6/26/2023	2/24/2025			
Anxiolytic/Hypnotic	Midazolam Hydrochloride, Injection	PER 1 MG	3 Year(s) 6 Month(s) 3 Week(s) 1 Day(s)	3/19/2021	10/10/2024			
Anxiolytic/Hypnotic	Lorazepam, Injection	2 MG	4 Year(s) 10 Month(s) 3 Day(s)	11/28/2020	9/30/2024			
Medication: Medical Details							Table	Graph
Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up			
Antiparkinson Anticholinergics	Benzotropine Mesylate	1 MG , 2/day	4 Year(s) 0 Month(s) 3 Week(s) 2 Day(s)	11/25/2020	11/18/2024			
Aminopenicillins	Amoxicillin	500 MG , 3/day	1 Week(s)	1/17/2024	1/17/2024			

Toggle to 'Graph' view or click on 'See Details' icon to drill-in and see information on pickup dates, brand & generic name, drug class, strength, quantity dispensed, days supply, pharmacy, etc.

Outpatient Behavioral Health & Medical Services

Behavioral Health Services

Table

Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Procedures (Last 3 Months)	
CCBHC	BEHAVIORAL HLTH SVCS NORTH IN	7/31/2024	12/16/2025	10	Bipolar II disorder	- COMM BH CLINIC SVC PER DIEM, OFFICE O/P EST MOD 30 MIN	
Multi-Type Group (Telehealth)	OSIKA AND SCARANO PSYCHOLOGICAL	9/19/2023	10/13/2025	26	Post-traumatic stress disorder, chronic	- Psytch W Pt 45 Minutes - Psytch W Pt 30 Minutes	

Medical Outpatient Services

Table

Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Clinic - Medical Specialty	SAMARITAN HOSPITAL OF TROY, NEW YOR	11/10/2025	11/24/2025	2	Pain in left lower leg	- Prothrombin Time - Hospital Outpt Clinic Visit, Office O/P New Mod 45 Min	
Clinic - Medical Specialty	SARATOGA HOSPITAL	8/23/2022	10/5/2025	8	Abdominal pain of multiple sites	- Sarscov2&Inf A&B&Rsv Amp Prb	
Clinic - Medical Specialty	HUDSON HEADWATERS HEALTH NETWORK	9/22/2021	9/29/2025	15	Type 2 diabetes mellitus with unspecified complications	- Office O/P Est Mod 30 Min	

Crisis Services

Crisis Services Details							Table	Graph
Service Type	Provider	Admission/Date of Service	Discharge/Date of Service	#Visits/ Length of Stay	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)		
Mobile Crisis - Follow-up	ST JOSEPHS HOSPITAL HEALTH CE	12/15/2025	12/15/2025	1	Encounter for other general examination	- Crisis Interven Svc, 15 Min		
Crisis Stabilization Center - Intensive	HELIO HEALTH INC	12/9/2025	12/9/2025	1	Schizoaffective disorder, bipolar type	- Crisis Intervention Mental H		
Mobile Crisis - Follow-up	LIBERTY RESOURCES INC	5/16/2025	5/16/2025	1	Illness, unspecified	- Crisis Interven Svc, 15 Min		
Mobile Crisis - Response	ST JOSEPHS HOSPITAL HEALTH CE	4/26/2025	4/26/2025	1	Encounter for general psychiatric examination, requested by authority	- Crisis Interven Svc, 15 Min		

Hospital/ER Services

Hospital/ER Services [Details](#)

Table

Graph

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)	
Inpatient - Medical	ALBANY MEDICAL CTR HOSPITAL	1/13/2026	1/27/2026	14	Unspecified injury to L4 level of lumbar spinal cord, initial encounter	- Insert Of Infusion Dev Into L Cephalic V	
ER - MH - CPEP	ST JOSEPHS HOSPITAL HEALTH CE	5/14/2025	5/14/2025	1	Unspecified intellectual disabilities	- Drug Test Prsmv Chem Anlyzr, Psych Diagnostic Evaluation	
ER - MH - CPEP	ST JOSEPHS HOSPITAL HEALTH CE	5/3/2025	5/3/2025	1	Unspecified psychosis not due to a substance or known physiological condition	- Psych Diagnostic Evaluation, Ther/Proph/Diag Inj Sc/Im	
ER - Medical	SAMARITAN HOSPITAL OF TROY, NEW YOR	4/25/2025	4/25/2025	1	Constipation, unspecified Essential (primary) hypertension	- Emergency Dept Visit Low Mdm	
ER - MH CPEP EOB	ST JOSEPHS HOSPITAL HEALTH CE	4/23/2025	4/23/2025	1	Unspecified intellectual disabilities	- Hospital Observation Per Hr, Lorazepam Injection, Ther/Proph/Diag Inj Sc/Im	
Inpatient - SU - Rehab	MEDICAL ARTS SANITARIUM	4/15/2022	5/13/2022	28	Other psychoactive substance dependence, uncomplicated	- Indiv Counsel For Substance Abuse Treatm	

Training & Technical Support

Training Resources

- Hospital Resource Packet – to be sent out to individuals attending hospital training or on request
 - PSYCKES Hospital Access User Table
 - Action Planning Form and other resources used in prior ED PSYCKES implementation
 - Granting PSYCKES Access Instructions one-pager
 - Revoking PSYCKES Access Instructions one-pager
 - PSYCKES Consent Script
 - PSYCKES Summary Checklist/Workflow
 - Activating token and logging into PSYCKES
 - Uploading Psychiatric Advance Directive in PSYCKES
- Training Resources for PSYCKES Users – available online (PSYCKES public webpages)
 - [Short How-To Videos](#) (Login to PSYCKES, lookup client and enter consent, review client's Clinical Summary, etc.)
 - [User Guides](#) (Enabling access to client-level data, Clinical Summary, PSYCKES iOS Mobile App, etc)
 - [PSYCKES Training Slides/Recordings](#) (Using PSYCKES for Hospitals, Integrating PSYCKES Consent into Workflow, Using PSYCKES Clinical Summaries, etc.)
 - “What’s New” section on the [PSYCKES website](#) (public webpages) - New features and live trainings opportunities are posted here, and emailed to all active users/security managers

Technical Support

- For more PSYCKES resources, please go to our website at: www.psyckes.org
- If you have any questions regarding the PSYCKES application or need further assistance, please reach out to our helpdesk:
 - 9:00AM – 5:00PM, Monday – Friday
 - PSYCKES-help@omh.ny.gov
- If you're having issues with your token or logging in, contact the OMH helpdesk:
 - Call 518-474-5554, option 2; or email healthhelp@its.ny.gov
- Contact your OHCCT Hospital Program Specialist or HospitalCare@omh.ny.gov who may be able to do an on-site demonstration

Appendix

Obtain a Token

How to Get Access to PSYCKES

- PSYCKES access for individual staff is managed by your hospital's Security Manager(s)
 - Ask your supervisor or administrator who your hospital's security manager(s) – OR –
 - Contact PSYCKES-Help (PSYCKES-Help@omh.ny.gov) to find out your agency's Security Manager
- Security Manager uses [Authorization Management System \(AMS\)](#) to create user accounts and grant/revoke PSYCKES access
- Granted PSYCKES Access email will be sent to new users and will contain a User ID, a link to the PSYCKES application, and instructions on how to create a NY.gov ID password which will be used to login to the Self-Service Console to request a token
 - [How to Request and Activate an RSA Hardware Token User Guide](#)
 - [How to Request and Activate an RSA Software Token User Guide](#)

Token Confirmation Email – Mobile Token

- After your Security Manager has provided you access to PSYCKES, you'll receive an email from ams-donotreply@its.ny.gov with the following content:
 - Your User ID
 - Link to the PSYCKES-Medicaid application
 - Instructions on how to create a password within the NY.gov ID website. This password along with your User ID will be your credentials when logging in to the Self-Service Console (MyToken.ny.gov) to request a token.

From: ams <ams-donotreply@its.ny.gov>

Sent: Thursday, June 11, 2026 9:28 AM

To: testaccount@gmail.com

Cc: testaccount@gmail.com

Subject: OMH: Granted access to Psyckes Medicaid (AMS)

Dear Test Account,

You have been granted access to Psyckes Medicaid as PsyckesMedicaid as per a request by Test Security Manager.

Your username is: L0000MHH

Application Link: <https://psyckesmedicaid.omh.ny.gov>

Authentication mode: Token

If you forgot your password, to create a new password, visit <https://password.ny.gov/>. Enter the username provided above as **SVC\username**, click the captcha box and click **OK**. Click on Forgot My Password and follow the instructions on the screen to reset the password.

Once the password is set, if you don't have a software or hardware token, then you will need to request one within the Self-Service Console mytoken.ny.gov/console-selfservice/SelfService.do.

To request and activate your token, please follow the appropriate set of instructions based on the type of token you need.

Hardware Token: Please follow all the steps outlined in this document: [How to Request and Activate an RSA Hardware Token](#)

Software Token: Please follow all the steps outlined in this document: [How to Request and Activate an RSA Software Token](#)

Once the token is activated, please click on the application link above, or cut and paste it into your browser.

The Sign-in Selection page should be displayed. You must select the "OMH Providers (State Employees)" option to login.

If you need assistance or have received this email in error, Please contact the ITS helpdesk via phone (844)-891-1786, chat chat.its.ny.gov or [create a ticket](#) and provide a brief summary of the issues you are experiencing before assigning this ticket to the assignment group - L3 SUPPORT PLAT SEC OMH.

Information Security Office
NYS Office of Mental Health

Ref #: 580432

PLEASE DO NOT REPLY TO THIS EMAIL. THE MAILBOX IS NOT MONITORED.



Secure Access to New York State Services

Username

Password

Sign In

[Forgot Username?](#) or [Forgot Password?](#)

[Create an Account](#)

Need help? [Get Assistance](#)

This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply

Once you receive the Access Granted to PSYCKES email, you'll need to create a password in NY.gov ID. Go to the [NY.gov ID website](#) and select "Forgot Password?"



FORGOT PASSWORD SELF SERVICE

To reset your password, please enter valid user name and click on the Continue button.



NY.GOV ID

Secure Access to New York State Services

* indicates required field

Username*

L0000MHH

Continue

This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply.

Enter your User ID which can be found in 'Granted Access' email from ITS



FORGOT PASSWORD SELF SERVICE

Choose how you would like to reset your password.

Select one reset option

☒ Reset using eMail

Selecting shared secret option will allow you to set a new password after answering your shared secret questions correctly.

Selecting email option will allow you to reactivate your account. During this process you will be asked to enter three new shared secrets and set a new password.

Continue

Cancel

Select Reset using email and click “Continue”



You'll then see a confirmation screen that an email has been sent to the email address associated with the user ID's account

FORGOT PASSWORD SELF SERVICE

An email has been sent to the associated email id on the account.

Please click on the link within the email to continue the activation process. This URL will expire in 24 hours.

Please check your junk mail filters/folders in case the email from NY.govID@its.ny.gov has been blocked.

If you did not receive the email AND if you are not sure if the Username belongs to you:

Please try 'Forgot Username' functionality by clicking the button below.

Forgot Username



Information you requested from New York State

 NY.govID@its.ny.gov
To testemail@email.com

  Reply  Reply All  Forward  

Tue 6/9/2026 3:27 PM



Locate the NY.gov ID email and select 'Click Here' or use the URL link

This email was sent in response to your "Forgot Password" request.

Dear Test Account ,

This email was sent in response to your "Forgot Password" request. If you DID NOT make the request, you may disregard this email.

By selecting forgotten password you have begun the account reactivation process. For security reasons you will be asked to complete two steps. First, establish three new shared secrets and second, create a new password. Once you have completed these steps your account will be reactivated.

Please [click here](#) to reactivate your account. Please do not close out of the browser while completing the account activation.

If the above link does not work please copy and paste the below URL into your browser.

<https://testlink.com>

NOTE: The above link is valid for only 24 hours.

Thank you
New York State

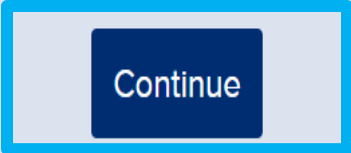


An official website of New York State. [Here's how you know](#) ▾

my.ny.gov
NY.GOV ID

NY.gov ID ACTIVATION

You will now begin the process of reactivating your account. Please click on the Continue button below.



Click “Continue”

NY.GOV ID

[Get Assistance](#)

[About NY.GOV ID](#)

[Privacy Policy](#)

[Terms of Service](#)

[FAQs](#)



[Agencies](#)

[App Directory](#)

[Counties](#)

[Events](#)

[Programs](#)

[Services](#)

Secret Questions

* indicates required field

*Question 1

What is your favorite TV show? ▼

*Answer

**** 🔍

*Confirm Answer

**** 🔍

*Question 2

What was the name of my first pet? ▼

*Answer

***** 🔍

*Confirm Answer

***** 🔍

*Question 3

What was my first grade teacher's last name? ▼

*Answer

***** 🔍

*Confirm Answer

***** 🔍

Continue

Select 3 Secret Questions and enter in your answers. Once completed, click "Continue".



An official website of New York State. [Here's how you know](#) ▾

my.ny.gov
NY.GOV ID

NY.gov ID Activation

You have successfully saved your secret questions and answers. Please click the below Continue button to set your new password.

Continue

NY.GOV ID

[Get Assistance](#)

[About NY.GOV ID](#)

[Privacy Policy](#)

[Terms of Service](#)

[FAQs](#)



[Agencies](#)

[App Directory](#)

[Counties](#)

[Events](#)

[Programs](#)

[Services](#)

You'll then see a confirmation message that you have successfully saved your Secret Questions and answers. Click "Continue".



NY.gov ID ACTIVATION

Password must contain at least three out of the four categories (1 digit, 1 uppercase, 1 lowercase, 1 special) and have a minimum length of 14 characters.

* indicates required field

New Password*

Confirm Password*

Continue

You'll then be prompted to create a password. Your password must be a minimum of 14 characters, contain 1 digit, 1 uppercase letter, 1 lowercase letter, and 1 special character.





An official website of New York State. [Here's how you know](#) ▾

my.ny.gov
NY.GOV ID

NY.gov ID ACTIVATION

Please wait. Your password has been updated successfully.

You will be redirected shortly. Thank you for your patience.

You'll then see a confirmation message that your password has been updated successfully. You'll then be signed in and redirected to your NY.gov ID account homepage automatically.

NY.GOV ID

[Get Assistance](#)

[About NY.GOV ID](#)

[Privacy Policy](#)

[Terms of Service](#)

[FAQs](#)



[Agencies](#)

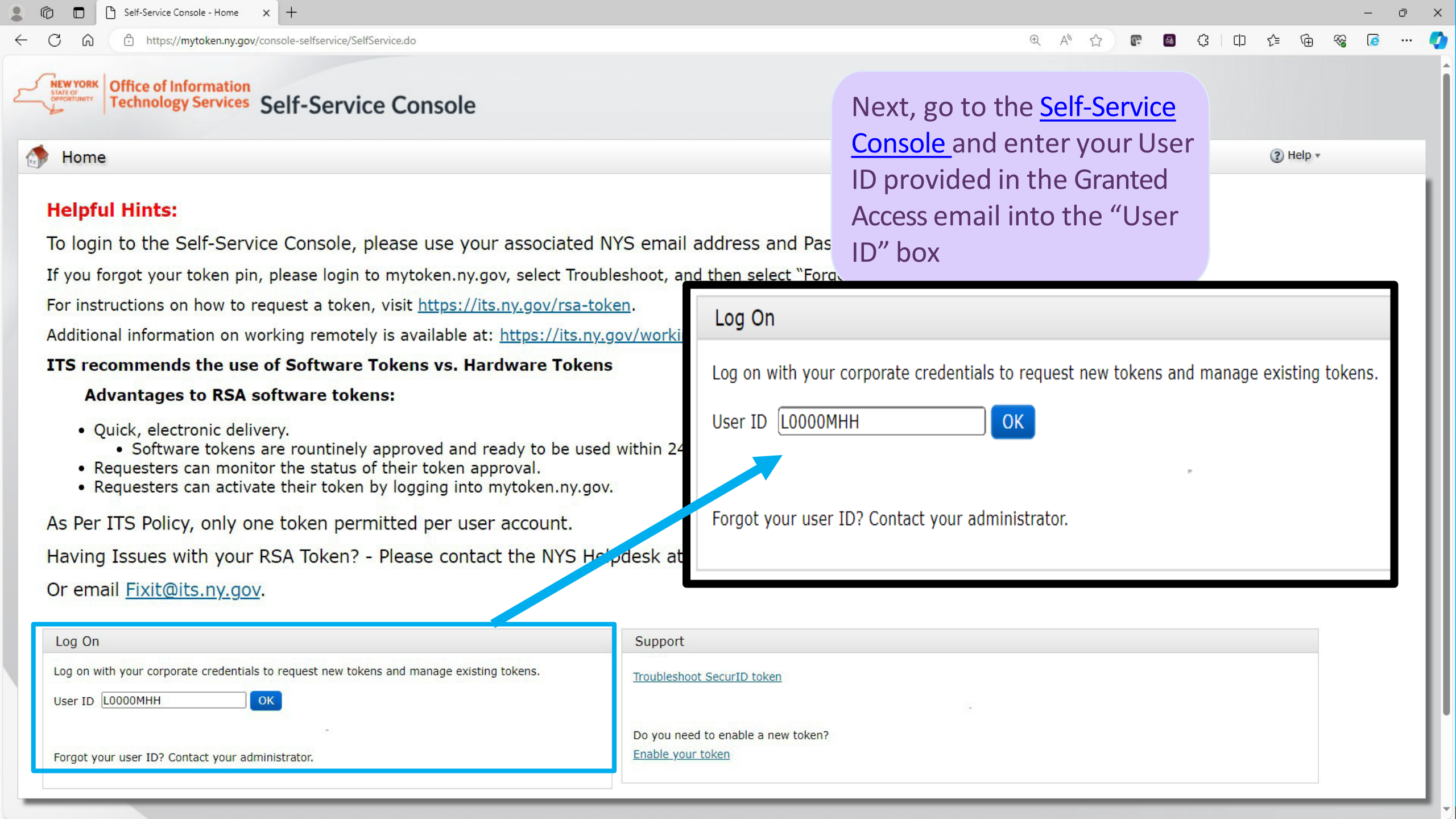
[App Directory](#)

[Counties](#)

[Events](#)

[Programs](#)

[Services](#)



Next, go to the [Self-Service Console](#) and enter your User ID provided in the Granted Access email into the "User ID" box

Helpful Hints:

To login to the Self-Service Console, please use your associated NYS email address and Password.
If you forgot your token pin, please login to mytoken.ny.gov, select Troubleshoot, and then select "Forgot my token pin".
For instructions on how to request a token, visit <https://its.ny.gov/rsa-token>.
Additional information on working remotely is available at: <https://its.ny.gov/working-remotely>.

ITS recommends the use of Software Tokens vs. Hardware Tokens

Advantages to RSA software tokens:

- Quick, electronic delivery.
 - Software tokens are routinely approved and ready to be used within 24 hours.
- Requesters can monitor the status of their token approval.
- Requesters can activate their token by logging into mytoken.ny.gov.

As Per ITS Policy, only one token permitted per user account.
Having Issues with your RSA Token? - Please contact the NYS Helpdesk at Fixit@its.ny.gov.
Or email Fixit@its.ny.gov.

Log On

Log on with your corporate credentials to request new tokens and manage existing tokens.

User ID

Forgot your user ID? Contact your administrator.

Log On

Log on with your corporate credentials to request new tokens and manage existing tokens.

User ID

Forgot your user ID? Contact your administrator.

Support

[Troubleshoot SecurID token](#)

Do you need to enable a new token?
[Enable your token](#)



Log On

You may choose how you want to authenticate yourself. Select your preferred authentication method and log on.

User ID: L0000MHH

Authentication Method:

Password ▼
Password
Passcode

Select "Password"

Cancel

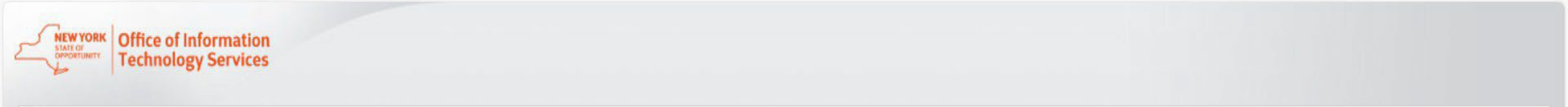
Log On

By logging into the application you agree that you will utilize this application only for the purpose intended and recognize that any mischievous or malicious activity is expressly prohibited and may subject you to legal action. Such activity includes, but is not limited to any unauthorized attempt to access data, or to modify, reverse engineer, reverse compile, or disassemble the Software.

For assistance contact your current RSA token administrators.

New York State Office of Information Technology Services

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 **Log On**

Logon is required. If you have forgotten your logon information, contact your help desk or administrator.

User ID:	L0000MHH
Authentication Method:	Password
Password:	

Enter your NY.gov ID password

By logging into the application you agree that you will utilize this application only for the purpose intended and recognize that any mischievous or malicious activity is expressly prohibited and may subject you to legal action. Such activity includes, but is not limited to any unauthorized attempt to access data, or to modify, reverse engineer, reverse compile, or disassemble the Software.

For assistance contact your current RSA token administrators.
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 My Account

Help

This page allows you to view your user profile and manage your authenticators. Certain edits to your account require administrator approval. You can also use this page to request authenticators and user group membership, and [view your request history](#).

My Authenticators

Tokens - [request a new token](#) | [view SecurID token demo](#)

You do not currently have any tokens.

On-Demand Authentication

Security Questions - [set up](#)

Not configured
Please set up your security questions and answers

To request a software token, select “request a new token”

My Profile

Personal Information

First Name:

John

Middle Name:

Last Name:

Smith

User ID:

L0000MHH

E-mail:

John.Smith@abcagency.com

Certificate DN:

Account Creation Date:

Mar 28, 2018 9:03:28 PM GMT

Mobile Number:

AD_City:

AD_Address:

AD_Phone:

AD_State:

AD_Zip:

Request a Token Help

Request a Token

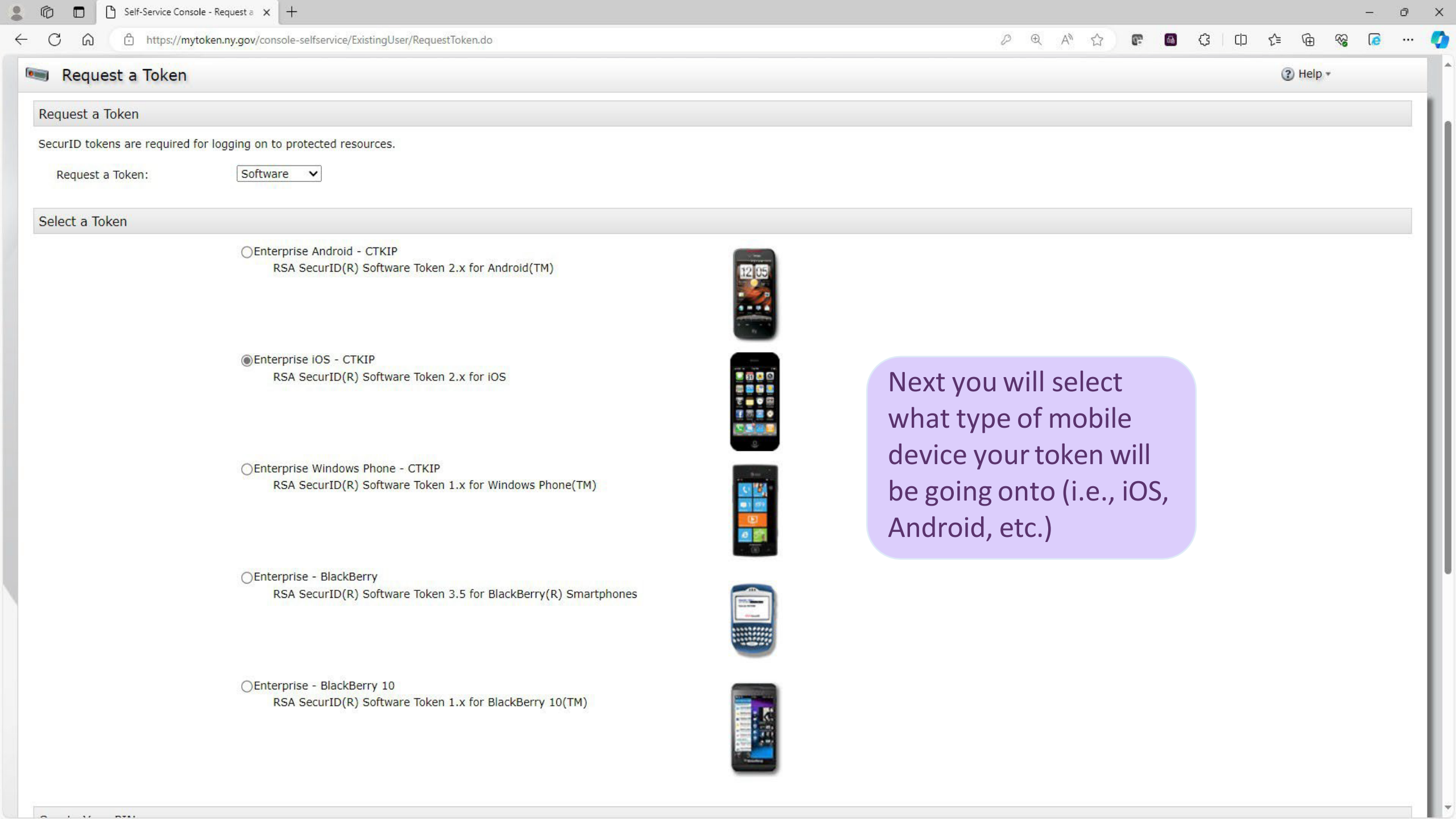
SecurID tokens are required for logging on to protected resources.

Request a Token:

Choose One ▾
Choose One
Hardware
Software

[Cancel](#) [Submit](#)

Select "Software"



Request a Token

Help

SecurID tokens are required for logging on to protected resources.

Request a Token: Software

Select a Token

- ☐ Enterprise Android - CTKIP
RSA SecurID(R) Software Token 2.x for Android(TM)
- ☒ Enterprise iOS - CTKIP
RSA SecurID(R) Software Token 2.x for iOS
- ☐ Enterprise Windows Phone - CTKIP
RSA SecurID(R) Software Token 1.x for Windows Phone(TM)
- ☐ Enterprise - BlackBerry
RSA SecurID(R) Software Token 3.5 for BlackBerry(R) Smartphones
- ☐ Enterprise - BlackBerry 10
RSA SecurID(R) Software Token 1.x for BlackBerry 10(TM)



Next you will select what type of mobile device your token will be going onto (i.e., iOS, Android, etc.)

Self-Service Console - Request a

+

https://mytoken.ny.gov/console-selfservice/ExistingUser/RequestToken.do

🔗 🔍 🔊 ☆ 🏠 📄 🗑️ 🔄 📱 🌐

☐Enterprise Windows Phone - CTKIP
RSA SecurID(R) Software Token 1.x for Windows Phone(TM)




☐Enterprise - BlackBerry
RSA SecurID(R) Software Token 3.5 for BlackBerry(R) Smartphones



☐Enterprise - BlackBerry 10
RSA SecurID(R) Software Token 1.x for BlackBerry 10(TM)



Create Your PIN

You must create a PIN for the new token. A PIN is combined with a tokencode to create a passcode used for authentication.

Create PIN: * Your PIN must be between 8 and 8 characters long. You cannot re-use any of your last 5 PINs.

Confirm PIN: *

Reason for Token Request

Reason for Token Request:

Please explain why you are requesting this token. For example, to access a Virtual Private Network (VPN), or to replace a lost token.

Cancel

Submit

Create a PIN which, when entered in token, produces passcode for login

- Cannot begin with zero
- Cannot have sequential or consecutive numbers
- Cannot repeat any previous PINs

Identity Verification

- Users should receive a confirmation email from ITS acknowledging their token request was submitted within 1-2 hours
 - If users **receive** a confirmation email, they **do not need to call the OMH Helpdesk**
 - **NOTE:** Red text stating the user must contact the Service Desk is only relevant to other state agencies utilizing token requests.
 - If users **do not receive** a confirmation email, they **need to call the OMH Helpdesk**. If a Helpdesk call is required, identity verification is required. The OMH Helpdesk contact information is shown below:
 - Phone number for verification: (518) 474-5554, option #2
 - If identity is not confirmed within 2 business days of request, token request will be rejected
- Users will receive email notification of approval once token is ready for activation within Self-Service Console (*example on next slide*)

From: Enterprise.RSA.Prod@its.ny.gov <Enterprise.RSA.Prod@its.ny.gov>
Sent: Wednesday, June 11, 2025 9:58 AM
To: Doe, Jane <jane.doe@gmail.com>
Cc: its.dl.eus.RSAToken.Notifications <its.dl.eus.RSAToken.Notifications@its.ny.gov>
Subject: New or additional Software Token request is submitted.

Please note: All token requests require a phone call to the Service Desk to verify your identity: 844-891-1786. You have two business days to perform the validation or your request will be rejected.

Please do not reply to this email. This email is an auto-generated message, replies are not monitored. Please contact the Enterprise Service Desk by phone at 844-891-1786 for any questions or concerns.

Your New or additional Software Token request is submitted.

Request Details:

Requested by: Jane Doe [L0000KAM]

Confirmation #: XXXXXXXX

Submit Date: 6/11/25 9:58:14 AM EDT

If you did not initiate this request, please contact your administrator with the information in this e-mail.

FileMessage HelpAcrobatTell me what you want to do

IgnoreJunk

DeleteArchive

ReplyReply AllForward

MeetingIMMore

Share to Teams

QA/DefectsTeam EmailReply & Delete

To ManagerDoneCreate New

Move

RulesSend to OneNoteActions

Mark UnreadCategorizeFollow Up

FindRelatedSelect

Read AloudImmersive ReaderTranslate

Zoom

Reply with Scheduling Poll

Report Message

Viva Insights

New or additional Software Token request is approved

 Enterprise.RSA.Prod@its.ny.gov
To John.Smith@abcagency.com
Cc its.dl.eus.RSAToken.Notifications

Reply Reply All Forward

Wed 1/10/2024 10:33 AM

You don't often get email from [enterprise.rsa.prod@its.ny.gov](#). [Learn why this is important](#)

Please do not reply to this email. This email is an auto-generated message, replies are not monitored. Please contact the Enterprise Service Desk by email at [Fixit@its.ny.gov](#), or chat online with a Service Desk Representative at [https://chat.its.ny.gov](#) for any questions or concerns.

John, your software token request has been **APPROVED**. Follow the steps below to activate your token.

Instructions

- Install the RSA SecurID Software Token app**, version 4.1 or higher, on your mobile device. If you do not have the app, you can download it from the app store for your device.
Note: The Scan QR Code option is not supported on iOS 6.
- Log on to the Self-Service Console from **a device other than the one** on which the RSA SecurID Token app is installed.
Self-Service Console Link: [https://mytoken.ny.gov/console-selfservice](#)
- In the **My Authenticators** section of the My Account page, click **Activate your token**.
- Follow instructions in the **Activate Your Token** window to activate your RSA SecurID software token.

Note: How to guides can be found at [https://its.ny.gov/rsa-token](#)

Note: The "Activate your token" link expires on (1/24/24 10:32:38 AM EST)

Additional Information

Serial Number:
XXXXXXXXXX

Request Details

This request was initiated by: John Smith [L0000MHH]
Confirmation #: XXXXXX
Approval Date: 1/10/24 10:32:37 AM EST
Token Type: iOS 2.x
Administrator Comments:

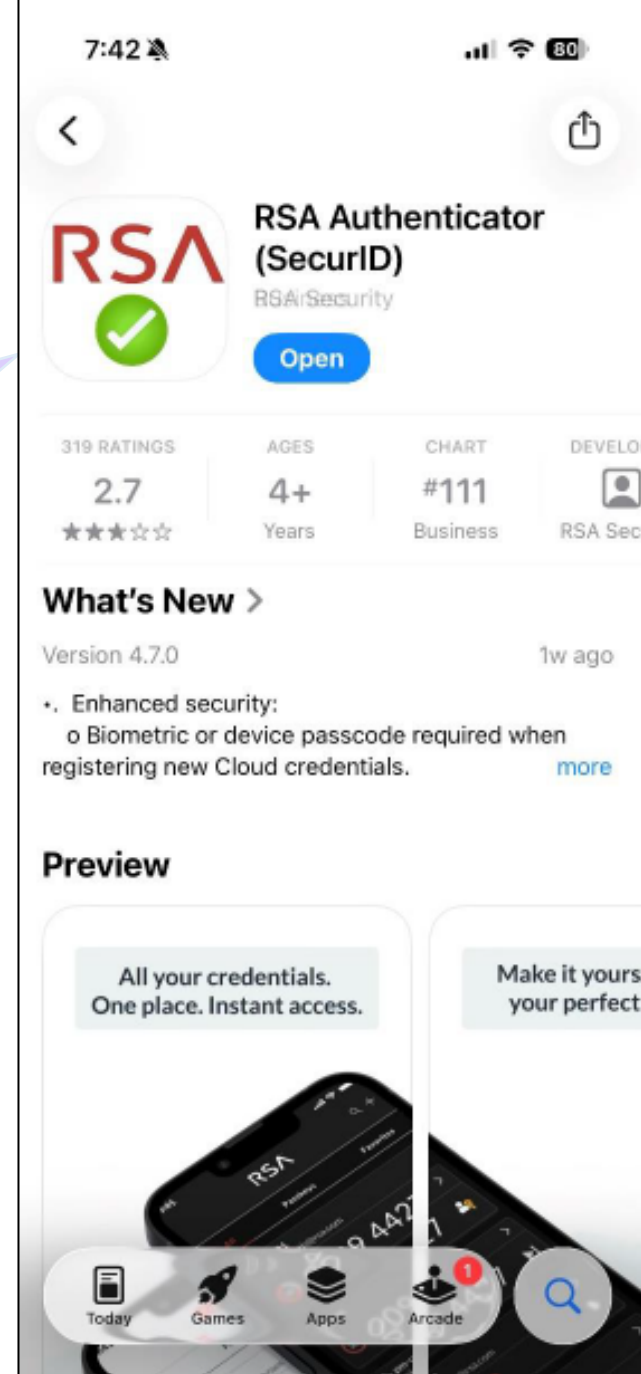
If your soft token request is approved, you'll then receive an approval email from ITS

Please delete this email after successfully importing your token.

If you did not initiate this request, please contact your administrator with the information in this e-mail.

Soft Tokens: Install the RSA SecurID App

- Navigate to the app store on your mobile device
- Search for “RSA Authenticator (SecurID)”
- Install the “RSA Authenticator (SecurID) Software Token” app (icon with a cloud and green checkmark)





② Help ▾



You have not answered security questions that are used for emergency access.
Your Enterprise iOS - CTKIP token needs to be activated before you can use it.

Tokens - [request a new token](#) | [view SecurID token demo](#)

[Activate Your Token](#)
[View details](#), [test](#), [troubleshoot](#)

012345678901

created on Jan 10, 2024 3:32:38 PM GMT

Nov 30, 2028 12:00:00 AM GMT [request](#)

Security Questions - set up

Please set up your security questions and answers

Step 1: Open the RSA SecurID app on your device.
Navigate to the screen to scan a QR Code. If you do not have the app, you can download it from the app store for your mobile device.

Step 2: Scan QR Code. [What is a QR Code?](#)



Note: The QR Code display will expire in **4:51** minutes.

▶ Scan QR Code unsuccessful?

Close

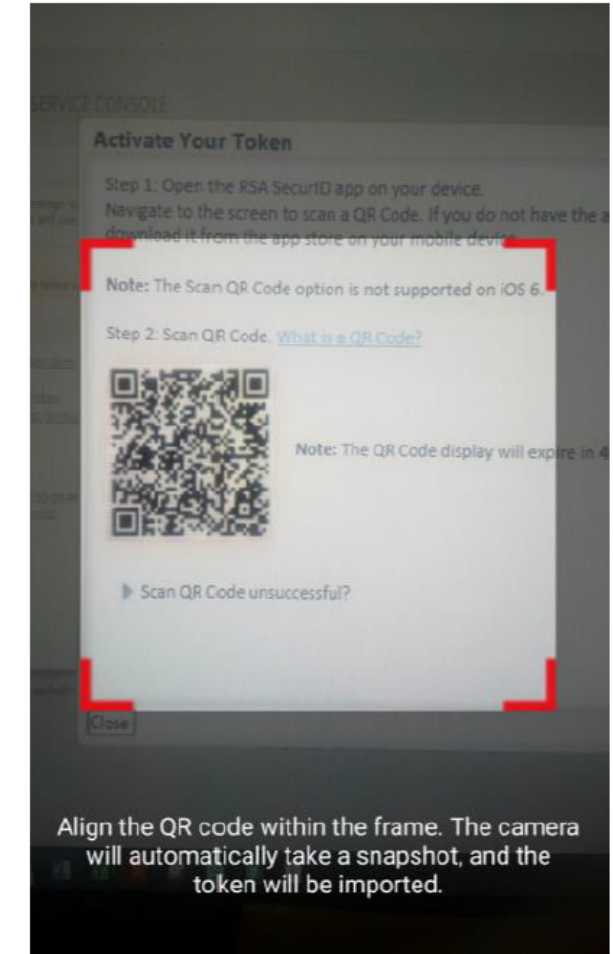
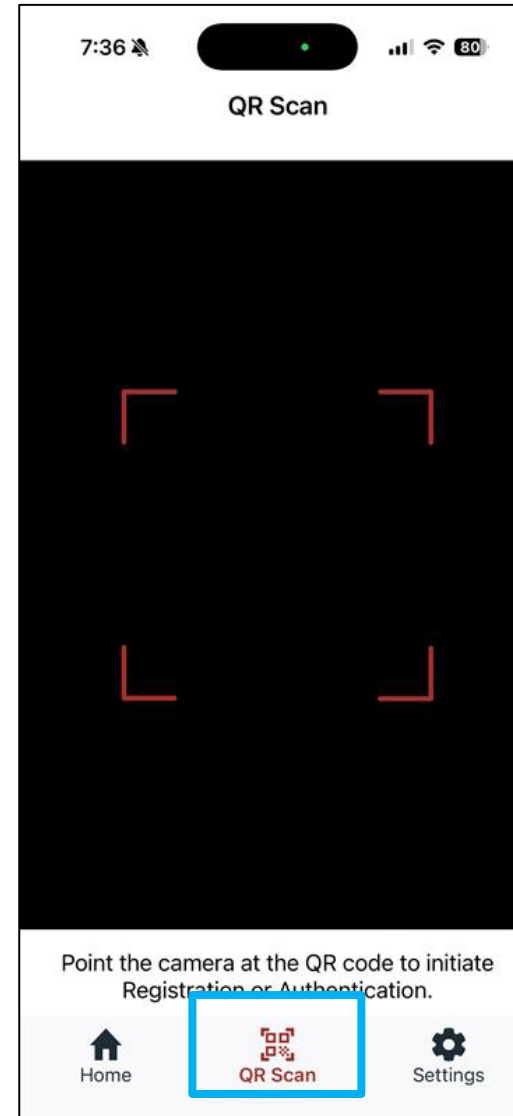
Scan your QR code with your mobile device's RSA app.

NOTE: The QR code is only valid for 5 minutes!

User Group Membership:OMH-Unrestricted-Agents

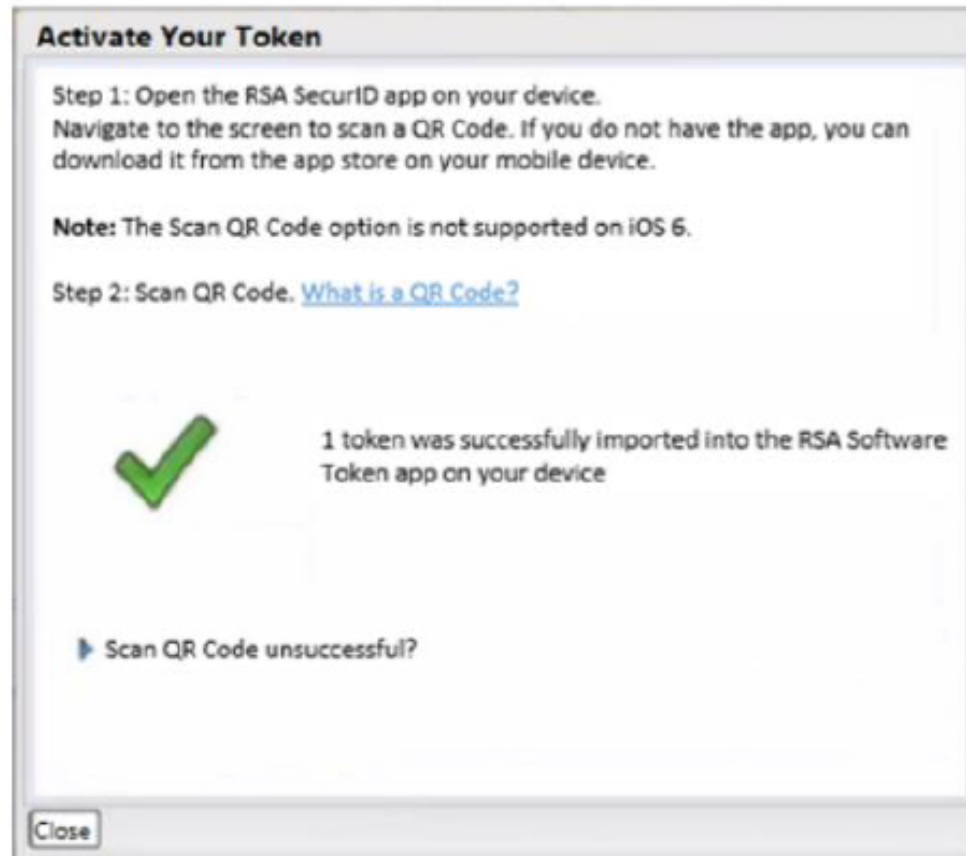
How to Scan Your QR Code

- To scan the QR code displayed on the desktop, open the RSA app on your mobile device
- At the bottom of your screen, tap “QR Scan”
- With your mobile device, hover the front-facing camera over the QR code displayed on the desktop screen
- Align the QR code within the frame and the camera will automatically take a snapshot and import your token.



Importing Your Token

- Once the QR code is scanned you will see a confirmation on both the desktop screen as well as your mobile device that the soft token has been successfully imported



Set Up Your Security Questions

- After you have successfully imported your token, set your security questions.
- If you forget your PIN, you can answer security questions to reset your PIN

The screenshot shows the 'Self-Service Console - My Account' page. The browser address bar shows 'mytoken.ny.gov/console-selfservice/ExistingUser/Links.do'. The user is logged on as 'L0000MHH'. The page has a header with the 'NEW YORK STATE OF OPPORTUNITY' logo and 'Office of Information Technology Services'. The main content area is titled 'My Account' and includes a description: 'This page allows you to view your user profile and account information. You can also use this page to request a new token or reset your password.' Below this, there are three sections: 'My Authenticators' with a link to 'request a new token!', 'On-Demand Authentication', and 'Security Questions' with a link to 'set up'. The 'Security Questions' section shows 'Not configured' and 'Please set up your security questions and answers'. A purple callout bubble points to the 'set up' link and contains the text: 'You can set up your security questions. If you are unable to log in to Self-Service using your PIN or password, you will be able to log in using your security questions.' To the right of the callout, there is a 'Profile' section with 'Personal Information' including fields for First Name, Middle Name, Last Name, User ID, E-mail, Certificate DN, Account Creation Date, Mobile Number, AD_City, AD_Address, AD_Phone, AD_State, and AD_Zip. The footer contains a legal disclaimer and copyright information.

Self-Service Console - My Account

mytoken.ny.gov/console-selfservice/ExistingUser/Links.do

Logged on as: L0000MHH | Log Off

NEW YORK STATE OF OPPORTUNITY Office of Information Technology Services

My Account

This page allows you to view your user profile and account information. You can also use this page to request a new token or reset your password.

My Authenticators

Tokens - [request a new token!](#)

On-Demand Authentication

Security Questions - [set up](#)

Not configured
Please set up your security questions and answers

Profile

Personal Information

First Name: John
Middle Name:
Last Name: Smith
User ID: L0000MHH
E-mail: John.Smith@abcagency.com
Certificate DN:
Account Creation Date: Mar 28, 2018 9:03:28 PM GMT
Mobile Number:
AD_City:
AD_Address:
AD_Phone:
AD_State:
AD_Zip:

By logging into the application you agree that you will utilize this application only for the purpose intended and recognize that any mischievous or malicious activity is expressly prohibited and may subject you to legal action. Such activity includes, but is not limited to any unauthorized attempt to access data, or to modify, reverse engineer, reverse compile, or disassemble the Software.
For assistance contact your current RSA token administrators.
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Withdraw Consent

Withdraw Consent

If patient withdraws their consent OR if consent is enabled for the wrong patient by accident, access must be withdrawn in PSYCKES as soon as possible

1. Navigate to Registrar > Manage PHI Access
2. Scroll down to 'Withdraw Consent' section and print out withdrawal of consent for (patient can verbally withdraw consent, but may be helpful to have signed withdrawal for records)
3. Select 'Search & Withdraw Access' and enter patient Medicaid ID or name and DOB to search for the patient

The screenshot shows the PSYCKES Registrar interface. The top navigation bar includes links for 'My QI Report', 'Statewide Reports', 'Recipient Search', 'Provider Search', 'Registrar', 'Usage', 'Utilization Reports', and 'Dashboards'. The 'Registrar' dropdown menu is open, showing 'Manage PHI Access', which is highlighted with a blue box and a blue arrow labeled '1'. Below this, the 'Withdraw Consent' section is visible, featuring a blue box around the 'Print Withdrawal of Consent form' link with a blue arrow labeled '2'. The text below this section explains the process of withdrawing consent. At the bottom, the 'Search & Withdraw Consent' link is highlighted with a blue box and a blue arrow labeled '3'.

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports Dashboards ▾

Manage PHI Access

Withdraw Consent Print Withdrawal of Consent form: [English](#) [Spanish](#) [Other languages](#)

Register client's withdrawal of consent to disable access to client data. Client must sign the PSYCKES withdrawal of Consent form, the DOH Health Home Withdrawal of Consent form, or the BHCC Withdrawal of Consent form, as applicable. For verbal withdrawal of consent the provider can complete the PSYCKES withdrawal of consent form on behalf of the client.

[Search & Withdraw Consent >](#)

Withdraw Consent, continued

4. Review search results, verify patient identifiers are accurate, and select Withdraw Consent
5. Pop-up will appear – review information and check PSYCKES Consent to withdraw
6. Click 'Withdraw' box

The screenshot shows a web application interface with a dark purple header containing navigation links: 'My QI Report', 'Statewide Reports', 'Recipient Search', 'Provider Search', 'Registrar', 'Usage', 'Utilization Reports', and 'Dashboards'. Below the header is a table with columns for 'Name (Gender - Age)', 'Unique Identifiers', 'Managed Plan', 'Current PHI Access', and an action column. A white pop-up dialog box titled 'Withdraw Consent for QUJSRVU (TUFDQVbMQQ)' is centered on the screen. The dialog has a close button (X) in the top right. Inside, it says 'Select which active consent to withdraw:' followed by a list item with a checked checkbox: 'PSYCKES Consent for ABC MEDICAL CENTER'. Below this, a green checkmark icon is next to the text 'Consent withdrawn for QUJSRVU (TUFDQVbMQQ)'. At the bottom of the dialog are two buttons: 'Cancel' (in red text) and 'Withdraw' (in a blue box). Three blue arrows with numbered boxes point to specific elements: arrow 5 points to the text 'Review recipients in results carefully' in the background table; arrow 6 points to the 'Withdraw' button in the dialog; arrow 4 points to the 'Withdraw Consent' link in the background table's action column.

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports Dashboards ▾

Manage PHI Access Modify Search

Medicaid ID

Review recipients in results carefully

Name (Gender - Age) Unique Identifiers

Managed Plan Current PHI Access

PSYCKES Consent Withdraw Consent

Maximum Number of Rows Displayed: 50

Withdraw Consent for QUJSRVU (TUFDQVbMQQ)

Select which active consent to withdraw:

☒ PSYCKES Consent for ABC MEDICAL CENTER

Consent withdrawn for QUJSRVU (TUFDQVbMQQ)

Cancel Withdraw

PSYCKES Mobile Application

PSYCKES Mobile App Features

- Available for iOS and Android Devices
- Individual look-up clients, enable access, and view clinical summaries
- E-sign the PSYCKES consent directly on device
- 'Recents' tab allows you to easily locate recently searched patients
- Complete a Safety Plans or C-SSRS screenings
- Filter options available for Service sections
- iPad exclusive features:
 - Includes Brief Overview as well as the Full Summary
 - Integrated View of Services Over Time (IVOS) graph

Technical Requirements for the Mobile App

- Confirm you have the latest software version downloaded:
 - iOS: Check to see if an upgrade is needed by navigating to Settings > General > Software Update (*currently supporting iOS version 18.0+*)
 - Android: Check to see if an upgrade is needed by navigating to Settings > About Phone or About Tablet > Look for the Android Version entry (*currently supporting Android version 8.0+*)
- Confirm you have the latest version of the PSYCKES app downloaded:
 - Check to see if an app update is needed by going to the App Store or Google Play Store > Search for “PSYCKES” > Select “Update” button (if available)
- Strongly recommended to ensure your device is password protected with the PSYCKES mobile app due to protected health information (PHI)

Brief Overview

TestFlight 9:30 AM Thu Nov 9

66%

Tzdhioy Ajvhk...

As of 10/29/2023

Data sources

PHI Access: Quality Flag

Update Access

Overview

Alerts

Social Determinants of Health (SDOH)

Quality Flags

Plans & Documents

Screenings & Assessments

Diagnoses

Medications

Services

Services Over Time

All Services

Care Coordination

Behavioral Health

Medical Outpatient

Hospital/ER/Crisis

Dental

Laboratory & Pathology

Laboratory Results (State PC)

Radiology

Overview for Nzvdwrg Vhdqpoj F

Clinical Summary as of 10/29/2023

Gender from Medicaid RAZJkLy

Medicaid ID WSWOOOQ QYYLNIB

Medicare No

Date of Birth 01/01/9999 (999 Yrs)

Address from Medicaid wzLtSdXmNO

View on map

Medicaid Aid Category N/A

Medicaid Eligibility Expires On --

Managed Care Plan Fidelis Care New York (HARP)

MC Plan Assigned PCP N/A

HARP Status HARP Enrolled (H1)

HARP HCBS Assessment Status Never Assessed

Current Care Coordination

AOT SUFFOLK COUNTY COMMUNITY MENTAL HYGIENE SERV

Enrolled Date: 18-JAN-23, Expiration Date: 17-JAN-24

Main Contact Jeanine Yannucciello

(631) 853 - 6205

Notifications

Complex Needs due to

4+ ER MH < 13 months , HH+ Eligibility , Homeless in past 6 months + SMI , Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH

POP Potential Clozapine Candidate

Evaluate for potential clozapine initiation/referral due to schizophrenia, high psychiatric Inpatient/ER use, and no recent clozapine use. Identify a community

TestFlight 9:36 AM Thu Nov 9

64%

Rijmbvm Xthn...

As of 10/29/2023

Data sources

PHI Access: Quality Flag

Update Access

Overview

Alerts

Social Determinants of Health (SDOH)

Quality Flags

Screenings & Assessments

Diagnoses

Medications

Services

Services Over Time

All Services

Care Coordination

Behavioral Health

Medical Outpatient

Hospital/ER/Crisis

Living Support/ Residential

Laboratory & Pathology

Radiology

Transportation

Overview for Aqnvtoi Qrotfmk P

Clinical Summary as of 10/29/2023

Outpatient Providers Past Year

Last Service Date & Type

WESTCHESTER COUNTY HEALTH CARE CORP

06/10/2023

Clinic - Medical Specialty

MENTAL HLTH ASSOC WESTCHESTER

05/17/2023

Clinic - MH Specialty - Intensive Outpatient Program (IOP)

NP IN FAMILY HEALTH PC

04/13/2023

Physician Group

HUDSON VALLEY CARE COALITION INC

03/01/2023

Health Home Plus

OPEN DOOR FAMILY MEDICAL CENTER INC

12/20/2022

Clinic - Medical Specialty

All Hospital and Crisis Utilization • 5 Years

ER Visits

Providers

Last ER Visit

24 Behavioral Health

5

06/29/2023 at ST JOSEPHS HOSPITAL YONKERS

21 Medical

5

06/24/2023 at NEW YORK PRESBYTERIAN HOSPITAL INC

Inpatient Admissions

Providers

Last Inpatient Admission

9

06/16/2023 at MEDS OOS HOSPITAL

2

07/28/2022 at WESTCHESTER COUNTY HEALTH CARE CORP

Crisis Services

Providers

Last Crisis Service

1 Mobile Crisis

1

06/14/2023 at MENTAL HLTH ASSOC WESTCHESTER

Scroll down